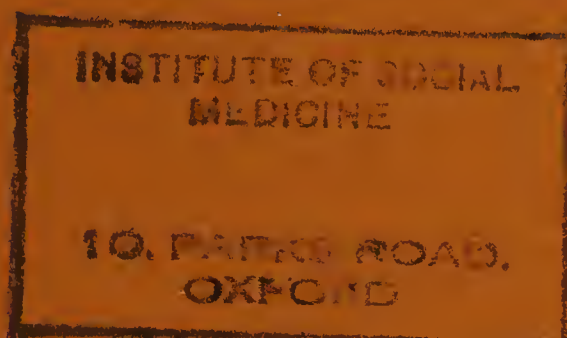


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WILTSHIRE COUNTY COUNCIL



ANNUAL REPORT

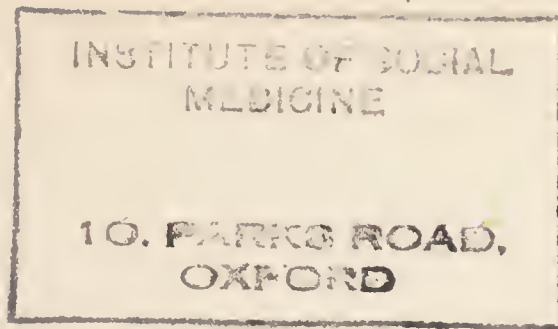
OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

"WILTSHIRE TIMES," TROWBRIDGE.



INDEX.

	PAGE
AREA MEDICAL OFFICER'S REPORT	51
BIRTHS AND DEATHS	4
HOUSING	49
INFECTIOUS DISEASES	5
MILK SUPPLY	48
POPULATION	4
SANITARY CIRCUMSTANCES OF THE COUNTY	39
SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946	6
SERVICES OTHER THAN THOSE PROVIDED UNDER PART III	33
STAFF	3
TUBERCULOSIS	34



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WILTSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the year 1950

FOREWORD

DURING the year under review further improvement has been made in many matters of detail involved by the responsibilities of the Local Health Authority under the National Health Service Act.

Of the Health Centre in Swindon I have made a special review later in this report. The Maternity Services are continuing to undergo change in so far as more and more cases are booked by medical practitioners under Part IV and in these the midwife has the support of the general practitioner although still acting as a midwife. The number of mothers admitted to maternity hospitals shows no decrease, but I rather think that Regional Hospital Boards are beginning to see that the admission of such cases who have no special medical reason for institutional treatment nor any particular social or housing difficulties is not only unnecessarily expensive but prejudicial to the training of midwives since there are as a result insufficient domiciliary cases to meet district training needs. Considerable success has met our procedure of reminding mothers of the advantages of vaccination when their babies are 3-4 months old and of immunisation at 8-12 months, and I believe that this progress should be maintained this year.

A constant watch has been maintained over the use of and over the expenditure incurred by the Ambulance Service. We now have good co-operation with the hospitals, and I think that hospital staffs and medical practitioners appreciate the need for care in the selection of persons for whom a call for the Ambulance Service is made.

It has often been stated that the National Health Service Act is concerned very largely with the treatment of disease and too little with its prevention. One of the ways of making the most of those Sections in Part III and elsewhere which have a bearing on prevention is the encouragement of a close co-operation between general medical practitioners and the Local Health Authority. One would wish to see a realisation by practitioners of the ways in which the services of the Local Health Authority can assist them in their work, and a readiness by practitioners to pass on to the officers of the Local Health Authority information that would assist in the full implementation of the services they provide.

There are distinct signs that this co-operation is improving, and its value understood. For example, the presence of myself on the Local Medical Committee and the Local Obstetric Committee brings me into touch with practitioners and their problems and has enabled me to explain to them the reasons for certain actions by the Local Health Authority which had not been understood. We have, moreover, fully explained to our midwives the consequences of the booking of expectant mothers by medical practitioners and resentment at apparently "losing" as midwives many cases has been diminished. Again, when it has appeared to a Local Authority Medical Officer that an examination by a specialist is required, it has always been the practice to ask the family doctor

in the first instance whether he himself would prefer to arrange for such an examination. On the other hand, most practitioners have loyally supported the wishes of the Health Committee in exercising care in the selection of cases unfit to travel by public transport when calling for the services of the Ambulance Service. They are co-operating in our vaccination and immunisation schemes, and making use of the services of the Mental Health Officers. I am not sure whether they yet appreciate fully the help that the Local Health Authority can give to their patients in their homes through the district nurses and home helps provided, especially during the period when a patient is waiting for admission to hospital, but a recent discussion of this matter in one area showed that they were ready to inform me of any cases to which it was likely help could be given in this way.

I have been able to keep in touch with our three Regional Hospital Boards through the Liaison Committees which meet at Oxford and Winchester, and by personal visits to Bristol, thus maintaining the liaison foreseen as necessary in paragraph 6 of Ministry of Health Circular 118. In the case of the six County Hospital Management Committees, frequent consultations by telephone and visits have taken place and much readiness has been shown by the staffs of these Committees to understand our problems.

The proximity of the offices of the Executive Council has made it an easy matter to consult with the Council's Clerk whenever this seemed appropriate.

In this close liaison between all medical and lay staff carrying out their various portions of the Act I have had much help from my own staff.

I should like to take this opportunity to record the good co-operation and assistance I have received from Dr. Urquhart both before and after his appointment as Medical Officer of Health in Swindon, and the loyal support given to the Health Department by Dr. Semple, my Deputy, Mr. Horton, Lay Administrative Assistant, and all other members of the staff at County Hall, and throughout the county area.

J. BURMAN LOWE.

County Hall,
Trowbridge.

5th June, 1951.

STAFF.

County Medical Officer of Health and County School Medical Officer:—

J. Burman Lowe, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer:—

Agnes L. Semple, M.B., Ch.B., D.P.H.

Senior Assistant County Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (resigned 30/9/50).

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H. (commenced 1/2/51).

Area Medical Officer:—

T. Ross, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Swindon Borough, and Divisional School Medical Officer for Swindon). (Resigned 16/5/50).

J. Urquhart, M.B., Ch.B., D.P.H. (commenced 1/10/50).

Assistant County Medical Officers:—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District).

H. Margaret Hammond, M.B., Ch.B.

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District.) (Resigned 31/1/51). As from 1/5/51 this post was taken over by R. Mackay, M.D., M.B., Ch.B., D.P.H.

D. M. Martyn Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District.)

Jean Murray, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Trowbridge Urban District, Bradford-on-Avon Urban District and Bradford portion of Bradford and Melksham Rural District). As from 1/1/51 the Rural District was taken over by Dr. R. Bruce Killoh.

R. Bruce Killoh, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District.) (Commenced 1/1/51).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District.)

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health, Salisbury City.) Assistance in respect of immunisation, infant welfare and school medical inspection has also been given by the following part-time officers:—

Gladys M. Parsons, M.B., B.S.; W. J. Powell, M.D., D.P.H.; and Isabel M. Scott, M.D., Ch.B.

Chest Physician:—

J. S. Harper, M.B., Ch.B., D.P.H., M.R.C.P. (By arrangement with Regional Hospital Boards.)

Assistant Chest Physician:—

A. C. Molden, M.B., Ch.B. (By arrangement with Regional Hospital Boards.)

Chief Dental Officer:—

W. H. Liebow, L.D.S.

Dental Officers transferred from Borough of Swindon as from 5th July, 1948:—

W. K. Berrie, L.D.S. (retired 30/4/51).

S. Barnett, L.D.S. (resigned 30/6/51).

Assistant Dental Officers:—

S. H. Brenan, L.D.S.

Jean A. Gordon-Ralph, L.D.S. (resigned January, 1950).

H. H. Greenhalgh, L.D.S. (appointed April, 1950).

E. C. Humphreys, L.D.S.

F. Lake, L.D.S.

R. S. McMinn, L.D.S.

E. H. Randerson, L.D.S.

Lay Administrative Assistant:—

C. A. Horton.

Superintendent Nursing Officer:—

Miss E. W. Redwood, S.R.N., S.C.M., H.V.'s Cert., Midwives Analgesic Cert.

Supervisor of Midwives and Assistant Nursing Officer:—

Miss G. M. Bell, S.R.N., S.R.F.N., S.C.M., Midwives Analgesic Cert.

County Sanitary Inspector:—

T. R. Cox, M.R.S.I., M.S.I.A.

Mental Health Supervising Officer:—

W. R. Hudd.

County Ambulance Officer:—

T. Bullock.

POPULATION

The Registrar-General's estimate for 1950 (including Services) ... 381,860.

The figure for the previous year was 350,600 (Civilian)
386,070 (including Services)

BIRTHS AND DEATHS

	TOTAL.		RATE.	
	1950.	1949.	1950.	1949.
			(per 1000 of population)	
Live Births	6007	6106	15.73	*
Still Births	130	127	.34	*
Deaths	4036	4036	10.57	*
Deaths from—			(per 1000 births)	
Pregnancy, Childbirth, Abortion	5	7	.81	1.12
Deaths of Infants under one year of age	137	151	(per 1000 live births)	
			22.81	24.73
Deaths from Cancer (all ages)	601	606		
Deaths from certain Infectious Diseases—				
Tuberculosis, Respiratory	94	91		
Tuberculosis, Other	8	12		
Diphtheria	—	1		
Meningococcal Infections	1	3		
Acute Poliomyelitis	10	13		
Other Infective and Parasitic Diseases	10	9		

*The birth and death rates for 1949 are not quoted, as those calculated for that year were based on the population figures given by the Registrar General for Civilian population only, and this year he has included in his population figures members of the Armed Forces stationed in the area. The rates for 1950 are calculated on these figures, and therefore not strictly comparable with those for 1949.

The live birth rate of 15.73 compares with a national rate of 15.8, the still birth rate of .34 with a rate of .37, and the maternal mortality rate of .81 with a rate of .86.

There has been some further fall in the infant mortality rate, 22.81, compared with 24.73 for the previous year, and this compares very favourably with the national rate of 29.8.

The following table gives the number of deaths during the past 12 years resulting from the more significant of the infectious diseases in the above table:—

Disease.	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Deaths from Tuberculosis—												
Respiratory ...	110	109	134	107	95	99	92	110	103	108	91	94
Other ...	19	28	49	34	24	26	34	16	19	23	12	8
Diphtheria ...	13	37	19	2	2	5	1	2	2	—	1	—
Acute Poliomyelitis	1	1	3	—	1	2	3	1	5	1	13	10

ACUTE INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1950 of the more important infectious diseases, together with comparative figures for 10 preceding years.

It should be noted that the figures for 1950 include non-civilians as the statistics furnished by District Medical Officers of Health in the Registrar General's Return Forms now include all cases without distinction. Figures for previous years exclude service cases.

Disease.	Total Notifications during										1950
	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	
Smallpox ...	—	—	3	—	—	—	—	—	—	—	—
Scarlet Fever ...	1180	711	543	658	640	541	355	311	455	269	564
Diphtheria ...	501	314	70	74	105	17	14	16	6	2	—
Enteric Fever (including Paratyphoid)	2	31	5	6	—	2	1	1	2	1	4
Puerperal Pyrexia ...	86	120	98	67	64	41	50	34	35	36	24
Meningococcal Infection ...	240	100	60	28	22	16	15	13	3	8	6
Acute Poliomyelitis ...	4	14	9	9	1	5	13	51	30	67	68
Acute Encephalitis ...	4	2	6	2	—	—	1	—	—	—	3
Ophthalmia Neonatorum ...	18	29	25	20	22	24	27	19	7	3	20

SMALLPOX.—No case occurred in Wiltshire during the year. Responsibility for action should a case occur still remains divided between County District Councils, the three Regional Hospital Boards and the County Council. The services of consultants on the Ministry of Health's list were not made use of during the year.

SCARLET FEVER.—The number of notifications, 564, has risen considerably and is the highest total recorded during the last 6 years.

DIPHTHERIA.—A reduction of the total of notified cases of diphtheria from over 500 in 1940 to nil in 1950 is a notable achievement and reward for the Immunisation Scheme which was instituted early in Wiltshire and has been prosecuted vigorously ever since. Particulars of its progress appear under the heading dealing with Section 26 of the National Health Service Act.

PUERPERAL PYREXIA.—The total of notifications, 24, is considerably lower than in any of the previous years in the table and there was no serious outbreak of infection during the year.

MENINGOCOCCAL INFECTION.—Notifications are now very few, having fallen from some hundreds during the early, overcrowded, war years to 6 only during last year.

ACUTE POLIOMYELITIS.—This disease on the contrary was as prevalent during the summer and autumn months of 1950 as in 1949, and it was necessary considerably to curtail our programmes of diphtheria immunisation and tonsils operations during the summer and autumn. Precautions were also taken under our dental scheme. Greater vigilance has no doubt resulted in a larger number of milder cases, sometimes without any paralytic symptoms, being reported, thus swelling the total, but this is to be regarded in the light of an advantage as in the past many cases of poliomyelitis with serious resultant crippling have come to light without having ever been notified during the acute stage.

OPHTHALMIA NEONATORUM.—Although notifications considerably increased in number, 20, compared with the past few years, no case of resulting impairment of sight was reported.

ENQUIRY INTO VIRUS INFECTIONS IN PREGNANCY.—The enquiry into virus infections during pregnancy by the Ministry of Health instituted in July, 1950, has been vigorously pursued. Details of the scheme were circulated to all general practitioner obstetricians, domiciliary midwives, maternity hospitals, and ante-natal clinics with a request that all women suffering from virus infections during pregnancy should be reported with a larger number selected as controls, in order that they might be centrally registered under the scheme and the subsequent course of the pregnancy and medical history of the children might be carefully watched. So far five cases of such infection during pregnancy and 25 controls have been registered. It is not, of course, possible yet to assess any results of the enquiry.

SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21—HEALTH CENTRES.

It is impossible to get a true picture of the Swindon Health Centre by confining oneself solely to the responsibilities of the County Council. The account given below, written in close co-operation with the Area Medical Officer, Dr. Urquhart, endeavours to describe the Health Centre as an integrated unit which demonstrates that the varied interests of County Council, Executive Council and Hospital Management Committee are not a bar to harmonious and efficient medical group practice.

HISTORICAL.

The foundation of the Great Western Railway Medical Fund Society at Swindon in 1847 came about to meet the needs of the men employed at the Great Western Railway Locomotive Works, which had started their active career in 1843. From small beginnings the benefits provided by the Society grew and included the opening of the hospital in 1872, and the setting-up of a dental clinic in 1887. Then in 1892 new consulting rooms for the medical practitioners employed by the Society, waiting halls and dispensary, were opened on the present site. In 1921 the dental department was re-organised and in subsequent years further departments were added for an ophthalmic surgeon and for the carrying out of physiotherapy and chiropody.

The passing of the National Health Service Act in 1946 abolished the prime reason for the existence of the Medical Fund Society, but it at once became clear that the medical service it had built up and which was used by almost 40,000 Swindon persons—families of the railway workers being included—must be carried on.

Consultations between the Ministry of Health, the Society, the new Oxford Regional Hospital Board and the Wiltshire County Council resulted in the purchase from the Society by the County Council of the block of buildings on Faringdon Road and Milton Road corner.

These buildings were then divided in the following way:—The Borough of Swindon became the tenants of the Swimming Baths premises, the County Council itself took over the major portion of the premises which had been devoted to medical purposes, and the Swindon Hospital Management Committee became the tenant of a small portion of the premises forming the ophthalmic, physiotherapy and chiropody departments.

THE HEALTH CENTRE PREMISES.

Those premises taken over by the County Council as a Health Centre under Section 21 of the National Health Service Act now fall into the following groups:—

On the ground floor:

1. There are eleven consulting rooms. Of the ten rooms taken over on 5th July, 1948, one has been converted to a ladies' cloakroom, but the Society's boardroom has been converted into two consulting rooms, resulting in a net gain of one room.
2. One waiting hall. The two halls taken over have been united by removal of a porter's lodge and now form one L-shaped hall with improved access.
3. A porter's office newly constructed out of a portion of the waiting hall.
4. A reception office. Here cards of patients are filed and made available for the doctors when required. Adjoining is the office of the Clerk-in-Charge.
5. A pharmacy with five serving windows opening on to the waiting hall.
6. An additional waiting room for joint use with the Borough of Swindon is under construction.
7. Men's and women's cloakrooms.

On the first floor:

8. The dental department, made up of three surgeries, one anaesthetic and X-Ray room, a recovery room, a waiting room and a reception room. The dental laboratory of three rooms.
9. A large office where the general clerical business of the Health Centre is conducted.
10. In premises let to the Swindon Hospital Management Committee:—
 - (a) An ophthalmic department of four rooms.
 - (b) A chiropody department of three rooms.
 - (c) A Laundry.
11. A room used for meetings and as a staff room.
12. Two store rooms.

The general waiting hall and pharmacy on the ground floor are covered by a high glass roof giving a light interior, and the other rooms are grouped around these on the ground and first floors.

STAFF.

Employed by Wiltshire County Council at time of writing in 1951:—

Administrative:—

Clerk-in-Charge	...	...	...	...	...	...	...	1
Clerks	...	...	...	...	...	...	...	4
Messenger/Junior Clerk	...	...	...	...	...	...	...	1

Pharmacy:—

Chief Pharmacist	...	...	...	...	...	...	...	1
Deputy Chief Pharmacist	...	...	...	...	...	...	...	1
Dispensers	...	...	...	...	...	...	...	5

Dental Department:—

Technicians	...	...	...	...	...	...	...	4
Laboratory boy	...	...	...	...	...	...	...	1
Receptionist and attendants	...	...	...	...	...	...	...	3
Porters	...	...	...	...	...	...	...	4
Cleaners, part-time	...	...	...	...	...	...	...	4
General Handymen	...	...	...	...	...	...	...	2
Maintenance electrician	...	...	...	...	...	...	...	1

The salaries of all the above are in accordance with National Scales.

Employed by Swindon & District Hospital Management Committee (apart from the Ophthalmic Surgeons, who are employees of the Regional Hospital Board):—

Ophthalmic Department:—

Ophthalmic Surgeons (on sessional basis)	2
Dispensing opticians (on sessional basis)	...	...	...	...	2
Ophthalmic Sister	...	...	...	...	1
Nurse	...	...	...	...	1
Clerk (medical secretary)	...	...	...	...	1
Receptionist	...	...	...	...	1

Chiropody Department:—

Chiropodist	...	...	...	...	1
Receptionist	...	...	...	...	1

Laundry:—

Laundryman	1
Laundresses	...	...	...	...	2

Professional Staff on list of Wiltshire Executive Council, under contract to practise at the Health Centre:—

General Medical Practitioners	...	...	...	...	11
Dental Surgeons (salaried)	...	...	...	...	2

ADAPTATIONS, DECORATION OF PREMISES AND FURNISHING.

The adaptations carried out have been with a view to improving the waiting halls, the pharmacy, the consulting rooms, and the sanitary accommodation.

The waiting halls, pharmacy and all the rooms have been re-decorated since the take-over.

The consulting rooms are each furnished with a new desk with locking drawers, chair, examination couch (several renewed or repaired), curtains on hanging rail, a cupboard with lock, and a wash-hand basin.

The waiting halls are furnished partly with solid comfortable wooden benches, and partly with metal chairs which have recently replaced discarded furniture.

The general furniture belongs to the Wiltshire County Council; in the Ophthalmic and Chiropody Departments the special equipment—partly that taken over and partly new purchases made since the take-over—is the property of the Hospital Management Committee.

THE MEDICAL PRACTITIONERS.

All practise as general medical practitioners. They share a list of almost 40,000 persons of all ages.

Their professional duties are carried out in the following way:—

Attendances at the Health Centre.

All practitioners hold morning surgeries from Monday to Saturday from 9 a.m. to 10 a.m. in their consulting rooms.

Evening Surgery.

The practitioners, working in two groups, hold evening surgeries on alternate evenings from Monday to Thursday, and on Friday evening all the practitioners are in attendance.

Emergency Surgery.

Emergency surgeries on Saturday and Sunday afternoons from 3 p.m. to 4 p.m. are taken by one of the practitioners on a roster system.

Consultations at the Health Centre.

A patient wishing to consult his doctor produces his medical card at the reception office and is given a metal check bearing a letter which denotes the consulting room which he has to attend

and a number which indicates his turn to see the doctor. The patient's medical record envelope is extracted from the filing cabinet and is taken to the doctor. An indicator which exhibits the number of the next patient to see the doctor is placed outside each consulting room and the patient is called into the consulting room by a signal bell operated by the doctor.

Visiting of Patients at their Homes.

The area covered includes the Borough of Swindon and extends to a radius of roughly four miles. (Other medical practitioners not practising from the Health Centre also practise within this area from their own premises.)

The area, in the days of the Great Western Railway Medical Fund Society, was divided into districts, one doctor being appointed to each. At the inception of the National Health Service Act the already insured members of the Great Western Railway Medical Fund Society, numbering approximately 16,000, wishing to continue to obtain their medical treatment from the Health Centre, were allocated evenly in districts to the medical practitioners. In the majority of cases, the dependants of these members also registered with the doctors previously associated with their Districts. Hence, as the allocation of the patients to the doctors was done in districts, each doctor's patients are still more or less centralised in a particular district, an advantage which will be readily appreciated.

Normal requests for a doctor to visit a patient incapable of attending the Health Centre are made by telephone or personally to the porter on duty. These requests are summarised and handed at the close of morning surgery to the respective doctors, who then commence their domiciliary visits.

Assistants.

No assistants are employed by the Health Centre doctors, although there is no ruling against this being done. Health Centre doctors may establish branch surgeries if they so wish.

Arrangements for Allocation of New Patients to the Practitioners.

Many new patients apply to the Health Centre to register with a doctor, instead of applying directly to the doctor concerned. When they do not indicate their choice, they are given the names of the practitioners with open lists and are asked to make their own selection. The selected practitioner then interviews the applicant.

Rotation Duty.

Urgent requests made to the Health Centre after 10 a.m. daily for a doctor to attend a patient at his home are recorded as "special calls" and are referred to the doctor on "rotation duty." This special duty is undertaken daily by each doctor in turn and he is responsible, after attending the patient, for preparing brief case notes for the benefit of the patient's own doctor when following-up the case.

Holiday Duty.

Each practitioner gets four weeks' holiday per year and during his absence his practice is shared between two or more of his colleagues. Thus by working in groups, the necessity for providing holiday locums is obviated.

Pathology.

The pathologist from the Swindon Area Pathological Laboratory attends the Health Centre weekly on Thursday at 9 a.m. to take specimens from patients referred by the doctors.

Midwifery.

Six doctors at the Health Centre are included on the obstetric list. Doctors work in pairs for anaesthetics, etc.

Minor Surgery.

There are no facilities at the Health Centre. Patients requiring treatment are referred across the Faringdon Road to the Out-Patient Department of the Great Western Railway Hospital.

Co-operation of the Medical Practitioners with the Local Health Authority Services.

While it has been recommended by various writers that this co-operation should be achieved by health visitors, domiciliary midwives and district nurses having their own premises at the Health Centre in order to keep closely in touch with the practitioners working there, lack of accommodation has prevented such an arrangement. A similar result is, however, obtained via the Area Medical Officer of the County Council, who is himself in close touch with the practitioners and their needs in respect of those services and who puts the practitioner in touch with a suitable health visitor, midwife or district nurse.

The Pharmacy.

For the purpose of assessing the pharmacists' salaries the Health Centre has been classified by the Minister of Health as a Category IV Hospital.

The Pharmacy dealt with 136,765 prescriptions during the year, and almost all prescriptions written by the Health Centre medical practitioners are dispensed here. A few prescriptions written by other doctors are also received, usually after closing of the chemists' shops.

The pharmacy is open from 9.0 a.m. to 8.0 p.m. week days; 9.0 a.m. to 7.30 p.m. Saturdays; 2.30 p.m. to 4.30 p.m. Sundays. The peak period is from 9.30 a.m. to 11.0 a.m. and 5.30 p.m. to 8.0 p.m., during which the average waiting time is eight minutes. A queue of three or four is the maximum except at 7.30 p.m., when surgery has just finished and outside prescriptions are beginning to come in.

As part of the contract for adaptation and redecoration, within the pharmacy a sterilising room holding a dry heat steriliser was provided, an additional store-room with racking for dressings, and an additional sink in one little-used corner with impervious surround was constructed for the purpose of providing a suitable place for carrying out urine tests. The doctors are supplied with sterile syringes from the syringe bank, but it has not yet been possible to implement the proposal to carry out the urine tests for the doctors, as nursing staff has not been provided.

The County Council receive from the Executive Council payment for all prescriptions dispensed, and also for the accommodation provided for the doctors and dentists. The Hospital Management Committee make a payment to the County Council for all drugs and dressings supplied to the Great Western Hospital and to the Hospital Management Committee Clinics in the Health Centre. The hospital bill is priced at cost and 10% added for handling.

Statistics Year Ending 31/12/50.

<i>Patients' visits to Health Centre.</i>		<i>New Domiciliary visits to patients.</i>	<i>Emergency ("Special") Calls.</i>
<i>Morning.</i>	<i>Evening.</i>		
60,737	40,375	15,797	2,671

The Dental Department.

The establishment is a Senior Dental Officer and two Dental Officers who all receive a salary from the Executive Council, but for some time there has been a vacancy for a Dental Officer. All new dentures, repairs, and any other works of a similar nature are undertaken by the technicians in the dental laboratory. All the equipment, drugs and materials are provided by the County Council. The three dental engines are to be overhauled during 1951, and an order has been placed for a new one to be delivered in a few months time.

New patients apply to the receptionist for treatment and, although there used to be a waiting period of one to two weeks before examination of the patient, and of six weeks afterwards, before treatment commenced, this has lengthened considerably during the current year. Preference, where possible, is given to conservative work, but many cases are referred to the Health Centre from dental practitioners in the town for the carrying out of extractions.

Emergency work, however, receives attention at once, the period 9.0 a.m. to 10 a.m. being set aside for this. A further period in the afternoon is reserved by the dental staff, which is not advertised to the public, for dealing with urgent cases who arrive too late to be seen at the morning session.

It has been computed that the value of the work performed if it had been dealt with under Part IV by dental practitioners not working at the Health Centre would cost the Exchequer about £7,000 per annum more than the cost at the Health Centre.

<i>Statistics, Year Ending 31/12/50.</i>					
<i>Attendances.</i>	<i>Exams.</i>	<i>Scalings.</i>	<i>Fillings.</i>	<i>Extractions.</i>	<i>Anaesthetics.</i>
12,022	2,176	211	1,473	5,798	604
	<i>X-Rays.</i>	<i>Dentures.</i>	<i>Repairs.</i>	<i>Other Treatment.</i>	
	269	1,498	688	6,103	

The Ophthalmic Department.
Statistics, Year Ending 31/12/50.

New patients seen, 2,637. Total attendances of patients, 7,483.

There are two consulting Ophthalmologists, Dr. Norman Wren, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S., and Mr. Hatfield Wright, M.B., Ch.B., D.O.M.S., and in addition there is one ophthalmic sister, with adequate junior assistance, one clerk (medical secretary), a part-time dispensing optician and a receptionist. Also a Ministry of Pensions technician attends the Health Centre at regular intervals to make and fit artificial eyes.

The Chiropody Department.
Statistics, Year Ending 31/12/50.

New patients seen, 281. Total attendances by patients, 3,653.

There is one qualified Chiropodist (Mrs. E. Miller, M.Ch.S.) and a receptionist.

Medical Loan Equipment Department.

A comprehensive stock of sick room appliances and medical equipment is kept in the medical loan equipment department, which is administered by the Clerk-in-Charge. Such items as invalid chairs, bed pans, urinals, air rings and beds, crutches, bed rests, mackintosh draw sheets are always in demand, for which hire charges varying from 1d. to 1/- per week are made.

Administration.

The day-to-day administration is one of the responsibilities of the Swindon Area Sub-Committee of the County Council Health Committee. The Area Medical Officer, who is also Medical Officer of Health of the Borough of Swindon and Borough School Medical Officer for the Excepted District of Swindon, maintains close liaison with the Clerk-in-Charge of the Health Centre and assumes responsibility for the medical administrative duties performed by him.

Matters of policy are dealt with directly by the Health Committee itself.

The duties of the Clerk-in-Charge of the Health Centre are as follows:—

- (1) To co-ordinate the services provided at the Health Centre by the County Council, the Executive Council and the Hospital Management Committee.
- (2) To liaise, as necessary, with the professional and auxiliary staffs, visiting consultants, authorities, etc.
- (3) To supervise the internal organisation of the Health Centre.
- (4) To compile the departmental statistics and to submit periodical returns as necessary, including the monthly pharmaceutical claim to the Prescription Pricing Bureau.
- (5) To order and maintain in good condition, all equipment and stores used at the Health Centre and to maintain an inventory and stock record.
- (6) To arrange the maintenance and hygiene of the building.

CONCLUSIONS.

It will thus be seen that there are eleven medical practitioners who have agreed among themselves to carry on the arrangements for group practice that formerly were in existence under the Great Western Railway Medical Fund Society with such small alterations that the National

Health Service Act has required. The whole of the twenty-four hours, seven days a week, are covered for calls received at, or visits made to, the Health Centre. I think a notable feature is that all the practitioners, in an emergency, or when the practitioner on whose list the patient is, is not on duty, see and treat each others' patients and after such a visit or attendance pass on to the "list" practitioner full information of what they have done. By such loyal co-operation they render an efficient service to a total list of almost 40,000 persons, which is much larger per practitioner than has been found appropriate elsewhere in the Kingdom. Moreover, I am informed these practitioners, using such methods, although undoubtedly leading a busy life, are not over-worked. They have time to examine their patients when necessary, and to have that amount of free time and night's sleep that all wish, who have the welfare of general practice at heart.

With few exceptions, the work undertaken at this Health Centre has proceeded in an equable and efficient manner since July, 1948. For this I consider the County Council is much indebted to the tradition long established by the Great Western Railway Medical Fund Society and for the procedures worked out by this Society over many years, which have been carried on loyally by all the staff employed. When one reads and even has experience of the frustrations and frettings occasioned in other branches of medical service following the coming into being of the National Health Service Act, it is refreshing to have to deal with an organisation proceeding evenly in its way that provides a large proportion of the people of Swindon with an excellent service.

With the exception of the statistics given under Sections 27 and 49/51 following, the figures given exclude those for the Borough of Swindon which will be found in the Report of the Area Medical Officer at the end of this Report.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

ANTE-NATAL AND POST-NATAL CLINICS.

The clinics in operation in 1950, and still open with the exceptions noted, are listed below, with details of the attendances made:—

Clinic.	Sessions.	Obstetrician Attending.	Number of Attendances, 1950.
Bulford (Ante-natal cases only). Welfare Centre, Horne Road, Bulford.	Every Monday, 2 p.m. ...	Major McPherson (of Tidworth Military Families Hospital)	907
Corsham. County Council Clinic, Fuller Avenue.	1st and 3rd Fridays, 2 p.m. ...	Dr. I. F. MacMath ...	474
Cricklade. Red Cross Hut, High Street ...	3rd Monday, 2 p.m. ...	Mr. G. Roworth ...	213
Devizes (Educational Clinic only). Sheep Street School Rooms ... (Ceased June, 1951).	3rd Monday, 2 p.m. ...	Nil ...	312 (At medical sessions previously held by Dr. I. F. MacMath).
Salisbury. General Infirmary ...	Ante-Natal: Every Tuesday and Friday, 10 a.m., and every Thursday, at 9 a.m. Post-natal: Every Thursday at 11 a.m., and every Friday at 11.30 a.m.	Dr. J. C. Gordon ... Mr. H. Burt-White	323
Trowbridge (Educational Clinic only). County Council Clinic, The Halve	1st and 3rd Wednesdays, 3 p.m.	Nil ...	128 (At medical sessions under Mr. Leech Wilkinson & Dr. MacMath)
Wilton. West Lodge, West Street ...	3rd Thursday, 2 p.m. ...	Dr. S. C. H. Lane ...	47
Wootton Bassett. Y.M.C.A. Memorial Hall ... (Ceased April, 1951).	1st Monday, 2.30 p.m. ...	Mr. G. Roworth ...	476

Opportunity for routine dental inspection is given to all mothers attending ante-natal clinics, whether from the County area or from neighbouring Counties, with complete facilities for treatment. Expectant mothers not within easy reach of the clinics are also given opportunities for inspection and treatment when the Dental Officer is visiting Infant Welfare Centres, and it is regrettable that, in spite of the complete facilities thus available, greater advantage is not taken of them. The priority service should be especially valuable now that treatment under the service available to the general public often entails much delay. Further particulars of the work undertaken will be found in the Chief County Dental Officer's Report on another page.

Increased bookings of patients by doctors under the Maternity Medical Service Scheme is reflected in decreasing attendances at ante-natal clinics, and in certain areas, notably Devizes and Trowbridge, it has not been found justifiable financially to continue to arrange for a medical officer to attend. The Trowbridge clinic has become an educational clinic only with a midwife in attendance, but Devizes has had to be closed as no mothers were attending. The Wootton Bassett Clinic has also been closed as the Consultant Obstetrician provided by the Regional Hospital Board, or a successor, is no longer available and no domiciliary cases have attended the Clinic.

The attendances at ante-natal clinics are in great part made by patients booked for confinement at the various Maternity Hospitals, and this facility is greatly appreciated by them as travelling is thereby much reduced.

MEDICAL ANTE-NATAL AND POST-NATAL EXAMINATION OF DOMICILIARY MIDWIFERY CASES BY GENERAL PRACTITIONER OBSTETRICIANS.

The scheme put into force in 1949 for two medical ante-natal, and one post-natal examinations of all domiciliary midwifery cases in districts not conveniently served by an ante-natal clinic has continued to be available but has been further superseded by the increased booking of cases under the Maternity Medical Service. The result has been that only 31 ante-natal, and 29 post-natal examinations were made under this scheme during the year.

INFANT WELFARE AND WEIGHING CENTRES.

There are now 58 Infant Welfare and 46 Infant Weighing Centres in operation in the County area. Five of these Infant Welfare and one of the Infant Weighing Centres were opened during the year.

The County is well covered for Infant Welfare Centres and the facilities are fully used, attendances totalling 39,579 in 1950. During the year many Centres have been supplied with additional equipment, chiefly in the way of screens and cupboards. Weighing machines are regularly inspected by officers of the Weights and Measures Department and repairs or replacements are made where required to ensure accurate weighing.

Voluntary work continues to be given in most of the centres and greatly facilitates the work of the Medical Officer and Health Visitor.

Regular six-monthly visits by the County Dental Staff to all Infant Welfare Centres are being maintained as far as possible and treatment found to be necessary is normally carried out at fixed clinics nearby. Expectant mothers not within easy reach of ante-natal clinics are also invited to attend, but very few use this facility.

Information regarding the sale of infant foods at Welfare Centres will be found under the separate heading below.

The following table gives present particulars of the Infant Welfare Centres and attendances made during 1950:—

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances. 1950.
ALDBOURNE. The Rest Room.	3rd Thursday, 2.30—4.30 p.m.	Dr. Varvill, ‡Miss Wookey.	M.O. attends every session.	99
ALDERBURY. The Chapel Room.	3rd Wednesday, 3—4.30 p.m.	Dr. Masson and District Nurse.	M.O. attends every session.	63
AMESBURY. Antrobus House.	1st and 3rd Tuesdays, 2.30—4 p.m.	†Dr. Hammond and District Nurse.	M.O. attends 3rd Tuesday.	395
ASHTON KEYNES & LEIGH. Parish Hall.	1st Wednesday, 3 p.m.	Dr. Thomson and District Nurse.	M.O. attends every session.	191
AVEBURY. The Club Room.	1st Thursday, 2—4.30 p.m.	†Dr. Mackay and District Nurse.	M.O. attends every session.	321
BOX. Methodist Schoolroom.	2nd and 4th Fridays, 2—4 p.m.	†Dr. Scott and District Nurse.	M.O. attends 2nd Friday.	883
BOXFIELD. Community Centre.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Scott and ‡Miss Slade.	M.O. attends 1st Friday.	411
BRADFORD-ON-AVON. Church House, Church Street.	2nd and 4th Tuesdays, 2.30 p.m.	†Dr. Semple, ‡Miss Francis and District Nurses.	M.O. attends every session.	723
BROADCHALKE. The Village Hall.	2nd Wednesday, 2.30 p.m.	Dr. Brown and District Nurse.	M.O. attends every session.	242 (commenced Feb., 1950)
BROMHAM. The Village Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Bruce Killoh and District Nurse.	M.O. attends 4th Wednesday.	377
BULFORD. The Infant Welfare Centre, Horne Road.	2nd and 4th Tuesdays, 2.30—4 p.m.	†Dr. Hammond and local Health Visitor.	M.O. attends every session.	964
CALNE. Community Centre, Station Road.	1st and 3rd Wednesdays, 2—4 p.m.	†Dr. Johnson, ‡Mrs. Ladd and District Midwife.	M.O. attends every session.	660
CHIPPENHAM. St. Andrew's Church Hall.	Every Tuesday, 2—4 p.m.	†Dr. Broomhead, ‡Miss MacNeil and ‡Mrs. Pilch.	M.O. attends every session.	3,159
Methodist Schoolroom, Sheldon Road.	1st and 3rd Wednesdays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Pilch.	M.O. attends 1st Wednesday.	—
CHISELDON. The Calley Memorial Hall.	2nd and 4th Thursdays, 2—4 p.m.	Dr. Borelli and local Health Visitor.	M.O. attends 4th Thursday.	567
CORSHAM. County Council Clinic.	Every Thursday, 2—4 p.m.	†Dr. Scott and ‡Mrs. Ferman.	M.O. attends every session.	1,217
CRICKLADE. Town Hall.	2nd and 4th Tuesdays, 2.30—4 p.m.	†Dr. Martyn Jones, ‡Miss Kay and District Nurse.	M.O. attends 4th Tuesday.	321
DEVIZES. Sheep Street Schools.	2nd and 4th Tuesdays, 2.15—4 p.m.	†Dr. Bruce Killoh and ‡Miss Lake.	M.O. attends every session.	463
DEVIZES (Military Families) Prince Maurice Barracks.	1st Wednesday, 2 p.m.	Military Medical Officer and ‡Miss Lake.	M.O. attends every session.	48 (Commenced Oct., 1950).
DOWNTON. Youth and Social Centre Clubroom.	Alternate Fridays, 2.30—4 p.m.	Dr. Whitehead, jun., and District Nurses.	M.O. attends every session.	975
DURRINGTON. Memorial Hall.	Every Thursday except first, 2.30—4 p.m.	†Dr. Semple and ‡Mrs. Jarvis.	M.O. attends 2nd and 4th Thursday.	924

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances. 1950.
EAST KNOYLE. Village Hall.	1st Wednesday, 2.30 p.m.	†Dr. Semple and District Nurse.	M.O. attends every session.	184
GREAT BEDWYN. The Challoner-Ellis Hall.	2nd Wednesday, 2—4 p.m.	Dr. Kingston and District Nurse.	M.O. attends every session.	274
HIGHWORTH. The Rifle Range.	Every Tuesday, 2—4 p.m.	Dr. Gilmore, ‡Mrs. Lumley, and District Nurse	M.O. attends 1st Tuesday. (2nd and 4th Tuesdays for vitamins, etc. dis- tribution only.)	1,086
LANDFORD. Women's Institute Hut.	3rd Thursday, 2.30 p.m.	Dr. Whitehead, jun., District Nurse.	M.O. attends alter- nate months.	111
LARKHILL. Welfare Building, The Packway.	Alternate Tuesdays, 2—4 p.m.	M.O. detailed by A.D.M.S., Salisbury Plain District, and local Health Visitor.	M.O. attends every session.	1,300
LAVERSTOCK. Hill Hall.	1st Wednesday, 2.30—4 p.m.	Dr. Masson and ‡Miss Norman.	M.O. attends every session.	232
LAVINGTON. Wesleyan Schoolroom, Littleton Panell.	1st Friday, 2.30—3.30 p.m.	Dr. Skene and District Nurse.	M.O. attends every session	196
LUDGERSHALL. The Sports Club, Tidworth Road.	Last Tuesday, 2—4 p.m.	Dr. Drake and District Nurse.	M.O. attends every session.	342
LYNEHAM. Village Hall.	3rd Thursday, 2—4 p.m.	†Dr. Martyn Jones and District Nurse.	M.O. attends every session.	396
LYPPIATT CAMP. No. 23 Military Fami- lies Camp.	2nd and 4th Mondays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends 2nd Monday.	—
MALMESBURY. The Moravian Church Hall, Oxford Street.	1st and 3rd Wednesdays, 2.30 p.m.	Dr. Hodge and Dr. Winch (in annual rotation), ‡Miss Honey and District Nurses.	M.O. attends first Wednesday.	558
MARLBOROUGH. Congregational Schoolroom, The Parade.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Mackay and District Nurses.	M.O. attends every session.	563
MELKSHAM. Old Bank House.	Alternate Thursdays, 2—4.30 p.m.	Dr. Schofield, ‡Miss MacNeil and District Nurses.	M.O. attends every session at 3 p.m.	1,180
MERE. Lecture Hall, Salisbury Street.	1st and 3rd Tuesdays, 2.30—4.15 p.m.	Dr. Hart and Dr. Alexander (in four- monthly rotation), District Nurse.	M.O. attends every session.	709
NETHERAVON. Parish Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Hammond and District Nurse.	M.O. attends 4th Wednesday.	153
NOMANSLAND. The Chapel School- room	2nd Thursday, 3 p.m.	Dr. Whitehead, jun., District Nurse.	Alternate months (odd months).	82 (Commenced June, 1950).
NORTH BRADLEY. Progressive Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Semple and ‡Miss Slade.	M.O. attends every session.	—
PERHAM DOWN. Cpls'. Room, N.A.A.F.I., Cachy Barracks.	Alternate Tuesdays, 2—4 p.m.	M.O. detailed by A.D.M.S., Salisbury Plain District, and local Health Visitor.	M.O. attends every session.	382
PEWSEY. The Forresters Hall.	1st Thursday, 2.30 p.m.	Dr. M. Hynes and District Nurse.	M.O. attends every session.	194

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances. 1950.
PURTON. Red House.	2nd and 4th Tuesdays, 2.30—4.30 p.m.	†Dr. Martyn Jones and District Nurse.	M.O. attends 2nd Tuesday.	413
RAMSBURY. The Memorial Hall, High Street.	1st Thursday, 2.15—3.30 p.m.	Dr. Mills, ‡Miss Wookey, and District Nurse.	M.O. attends every session.	279
SALISBURY. Hulse Clinic, General Infirmary.	Every Tuesday and Friday, 2—3.30 p.m.	†Dr. Wright, ‡Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session.	4,943
St. Michael and All Angels Church Hall, Roman Road.	Every Thursday, 2—3.30 p.m.	†Dr. Hammond, ‡Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session.	2,787
STRATTON ST. MARGARET. Methodist Schoolroom, Lower Stratton.	2nd and 4th Thursdays, 2—4 p.m.	†Dr. Martyn Jones, ‡Mrs. Lumley and District Nurses.	M.O. attends 4th Thursday	444
TIDWORTH. St. Patrick's Road.	Alternate Tuesdays, 2—4 p.m.	M.O. detailed by A.D.M.S., Salisbury Plain District, and local Health Visitor.	M.O. attends every session.	1,062
TISBURY. Red Cross Hut, New Rd.	2nd Tuesday, 3 p.m.	Dr. Brown and District Nurse.	M.O. attends every session.	347
TROWBRIDGE. County Council Clinic, The Halve.	Every Tuesday and Thursday, 2—4 p.m.	†Dr. Murray, ‡Mrs. Fielding, ‡Miss Search and ‡Miss Slade.	M.O. attends every Tuesday.	2,919
UPPER STRATTON. St. Philip's Church Hall.	1st and 3rd Fridays, 2 p.m.	†Dr. Martyn Jones and ‡Mrs. Lumley.	M.O. attends 1st Friday.	226 (Commenced Oct., 1950).
WANBOROUGH. St. Andrew's Church Hall.	2nd and 4th Monday, 2—4 p.m.	†Dr. Martyn Jones and District Nurse.	M.O. attends 2nd Monday.	385
WARMINSTER. Methodist Schoolroom, George Street.	1st and 3rd Fridays, 2.30—4 p.m.	†Dr. Reynolds and ‡Miss Hills.	M.O. attends every session.	974
WESTBURY. Congregational School- room, Leigh Road.	1st and 3rd Thursdays, 2—4 p.m.	†Dr. Reynolds and local District Nurses.	M.O. attends every session.	766
WEST HARNHAM. The "Under the Hill" Club, Old Blandford Road.	1st and 3rd Mondays, 2 p.m.	†Dr. Semple, and ‡Mrs. Jarvis,	M.O. attends every session.	— —
WHITEPARISH. The Melchett Hall.	Last Tuesday, 2.30 p.m.	Dr. Jepson and District Nurse.	Every other month (Even months).	195 (Commenced May, 1950).
WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays, 2—4 p.m.	Dr. Lane, ‡Miss Norman, and District Nurse.	M.O. attends every session.	588
WINTERSLOW. Parish Hall.	1st and 3rd Fridays, 2.30 p.m.	Dr. Masson and District Nurse.	M.O. attends 1st Friday.	629
WOOTTON BASSETT. Memorial Institute.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. Martyn Jones and ‡Miss Kay.	M.O. attends every session.	708
WROUGHTON. Ellandune Hall.	Every Thursday, 2.30—4 p.m.	Dr. Calnan, ‡Miss Honey, and District Nurse.	M.O. attends 2nd Thursday.	969

(Most of the Centres are closed during August.)

†County Medical Staff.

‡Whole-time Health Visitor.

Where no attendance figure is given, the Centre did not commence until 1951.

CARE OF PREMATURE INFANTS.

The complete sets of equipment for the care of premature babies in their own homes maintained at twelve Centres in the County have continued to be available and promptly used. Statistics show that some 97 babies who could be classed as premature were born in their own homes during the year. Twenty were removed to hospital and of the 77 who remained at home, 70 survived the difficult first month of life. Three died during the first day and four during the first week. Of the 70 surviving babies, one weighed less than 3lbs. at birth, and three were between 3-4lbs.

DENTAL CARE.

Further particulars of the work undertaken under the paragraphs relating to Clinics above, and for expectant mothers and young children generally, will be found in the Chief County Dental Officer's Report on Page 19.

SUPPLY OF INFANT FOODS.

The sale of foods at the Welfare Centres at little more than cost price (or free if financial circumstances warrant) continues to be a very popular facility. Revision of the list of foods available and costs is made periodically and approved new preparations found to be in demand are added. Of the items sold at Welfare Centres some nutrient preparations are included in the small list of simple medicinal preparations which may be prescribed by Medical Officers and issued free as medicines in individual cases.

In addition to the above, Government Welfare Foods, i.e., National Dried Milk, Cod Liver Oil, Orange Juice, and vitamin preparations, are distributed on behalf of the Ministry of Food at Welfare Clinics and other centres. This work is largely undertaken by Voluntary Helpers, without whose assistance these sales would not be possible at many clinics.

The following is a summary of the main preparations purchased during 1950 for sale at the various centres under the County scheme:—

Infant Milk Foods	...	...	...	...	...	...	10,884 lbs.
Baby Cereal	...	...	...	...	...	...	3,564 packets
Strained Baby Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	...	...	1,032 tins
Nutrients (chiefly malt and oil preparations)	...	...	...	...	...	...	5,472 containers
Baby Rusks	...	...	...	...	...	...	4,680 packets
Glucose	...	...	...	...	...	...	8,664 cartons

PROVISION OF MATERNITY OUTFITS.

Maternity Outfits are available free for all domiciliary confinements from the local midwives, who are supplied either from Central Store, local storage depots, or direct from the manufacturers. The contents of these outfits have been increased recently to the standard suggested by the Ministry of Health.

The number supplied during 1950 was approximately 1,900.

DAY NURSERY PROVISION.

Day Nurseries are situated in the County area at Trowbridge (40 places) and Salisbury (55 places). The Salisbury Nursery continues as a training school for Nursery Nurses.

Although a relatively costly service, limited provision of Day Nursery accommodation such as exists in Wiltshire meets a definite need for unmarried mothers who are trying to support their own children, widows and others placed in circumstances of hardship, and also to free women for work in the export trade. These classes are always given priority of admission for their children and form the bulk of cases admitted.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The County Council's arrangements with the Salisbury and Bristol Diocesan Associations for Moral Welfare have been continued whereby, under grant from the County Council, the Associations maintain three additional Diocesan Welfare workers for these duties. Their work is co-ordinated with the remainder of the work of the Health Committee by means of a County Health

Visitor attached to the administrative staff, one of whose principal duties is to maintain constant touch with these workers and the Mother and Baby Homes. Central records are kept by her of all their cases, and it has been found most useful to have an Officer centrally placed who is also in constant touch with the Children's Department, which is directly concerned with adoption, foster homes and County Council Nurseries.

The total number of cases dealt with under the scheme during 1950 was 211.

MOTHER AND BABY HOMES.

The Girls' Hostel at Devizes, organised by the Salisbury Diocesan Association in conjunction with the County Council, has continued in active use and during the year 50 cases were admitted. The County Council takes financial responsibility, based on actual cost, for all approved cases, but each girl is required to make some contribution according to her means.

Limited use continued to be made of Chelworth House, Cricklade, for mother and baby cases until the autumn, when it was finally devoted entirely to old people. Some 17 cases were admitted during the year. Twenty-three cases were also sent to the Home organised by the Salisbury Diocesan Association at Salisbury. None of these Homes were used if vacancies were available at Devizes but the illegitimate birth rate, although from a long term point of view rising, shows sharp fluctuations with consequent pressure of accommodation.

Cases are occasionally sent out of the County to Mother and Baby Homes where there are special reasons to justify this, and such arrangements were made in 4 cases during the year.

BIRTH CONTROL.

The voluntary Family Planning Clinic at Salisbury remains inoperative on account of lack of suitable premises but during the year 45 cases recommended on medical grounds were referred to the voluntary clinic in operation at Swindon.

Arrangements have been made for cases to be referred to medical practitioners specialising in this work at Salisbury and Bath, and 74 cases were so referred during the year, 48 to Salisbury and 26 to Bath. In 1951 similar facilities with a practitioner in Trowbridge are being arranged, pending the possible opening of a voluntary clinic.

Reasonably convenient facilities therefore exist to meet the demands of cases throughout the County recommended by doctors and nurses on medical grounds.

CO-OPERATION WITH THE SPECIALIST CLINICS PROVIDED BY REGIONAL HOSPITAL BOARDS FOR ORTHOPAEDIC, OPHTHALMIC, AND EAR, NOSE AND THROAT DEFECTS.

The County Council has continued to co-operate in the arrangements for the attendance of cases at the Out-patient clinics provided by the Regional Hospital Boards. This involves a great deal of work, some indication of which is shown by the following:—

ORTHOPAEDIC CLINICS.

Records for roughly 800 children under school age attending the out-patient clinics are held, and kept up-to-date with the results of attendances. In-patient treatment at the Bath Orthopaedic Hospital is arranged both with parents and hospital. All new cases found in Infant Welfare Centres or recommended by general practitioners are invited to the Orthopaedic Clinics, and any old cases referred for laxity in attendance are followed up by our nursing staff.

OPHTHALMIC CLINICS.

The same position arises here. The number of records held is about 190, but all invitations, both for first and subsequent attendances at out-patient clinics, are arranged through this Department, and cases followed up where necessary, for laxity in following advice regarding treatment or in attendance at clinics.

EAR, NOSE AND THROAT CLINICS.

Again the same position arises as with eye cases. The number of current cases is approximately 167, but naturally more operative work is involved and, in the case of some hospitals, arrangements with parents for admissions are still made through this Department.

Against the fact that much of the above work is not properly the province of the County Council (which consequently claims from Hospital Boards for administration costs involved) and is therefore an added burden on our clerical staff, must be set the obvious gain that we have ready access to the records. We can consequently co-ordinate them with our other work for these children, both during infancy and later in school life. This facility is of especial value to Medical Officers of Infant Welfare Centres, who are kept informed of the progress of their cases under specialist supervision.

REPORT OF CHIEF DENTAL OFFICER.

Lack of convenient public transport, clinic accommodation and dental staff make it difficult to provide a comprehensive scheme of dental inspection and treatment for expectant and nursing mothers and children under five in a rural area. Mothers, often with young families, are usually unable to devote several half days for the purpose of having dental treatment. This leads to a certain number of missed appointments and difficulty in providing complete treatment. In areas with no dental officer very little can be done unless the patient is willing to travel some distance to the nearest clinic.

The best conditions exist at the Salisbury General Infirmary where expectant mothers can be referred at once to the dental officer who attends the dental clinic on the Infirmary premises.

In spite of these difficulties it is pleasing to report that there is a considerable increase in the number of expectant and nursing mothers examined and treated and in the work done compared with the previous year.

In areas where there is a dental officer an endeavour is made to visit each Infant Welfare Centre every six months. Including Day and Residential Nurseries 82 visits of inspection have been made during the year. The number examined and treated and the work done has increased considerably.

It may seem wrong to devote more time to work under Section 22 of the National Health Service Act at the expense of school children, but it should be remembered that it still remains difficult for expectant mothers to obtain dental treatment in any other way and many dentists on the Executive Council's List are not anxious to provide treatment for very young children. The scheme for dental treatment of these groups is well conceived, and, if it were possible to carry it out completely, would do a great deal towards a dentally fit nation and would avoid costly dental restorations during adult life.

RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946.

(Figures for the previous year are shown in brackets.)

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Fit.	Extractions.		Administrations of General Anaesthetics.
					Local Anaesthetics.	General Anaesthetics.	
Expectant and nursing mothers ...	517 (484)	474 (431)	402 (342)	309 (285)	492 (208)	181 (187)	39
Children under 5	884 (645)	430 (280)	361 (223)	225 (170)	144 (94)	230 (98)	79
TOTALS ...	1401 (1129)	904 (711)	763 (565)	534 (455)	636 (302)	411 (285)	118

(b) Forms of dental treatment provided.

	Fillings.	Silver Nitrate Treatment.	Other Operations.	Radio-graphs.	Dentures provided. Complete. Partial.		Dentures Repaired.	Attendances for Treatment.
Expectant and nursing mothers ...	704 (392)	20 (—)	316 (196)	12	23 (28)	63 (7)	3 (4)	1176
Children under 5 ...	335 (242)	285 (251)	171 (45)	—	—	—	—	972
TOTALS ..	1039 (634)	305 (251)	487 (241)	12	23 (28)	63 (7)	3 (4)	2148

SECTION 23—MIDWIFERY SERVICE.

ARRANGEMENTS FOR SUPERVISION OF MIDWIVES.

The supervision of midwives is divided between the two Supervisors of Midwives. Routine visits to all midwives in the County are made about four times a year.

ANALGESIA.

Training of domiciliary midwives in the use of gas and air analgesia has continued and 78 were qualified by the end of the year. Gas and Air Analgesia was administered in 964 domiciliary cases during the year.

HOUSING ACCOMMODATION OF MIDWIVES.

The provision of satisfactory housing still presents the greatest difficulty in some areas but the building or adaptation of six houses for midwives at North Bradley, Calne (2), Warminster, Rowde, Highworth, by the County Council has been approved and sites have in some cases already been acquired. In addition the building of houses in three other districts is also under consideration if it is impracticable to secure District Council Houses for the midwives concerned.

With all new houses garage accommodation is, of course, provided, and wherever possible, garages have been added to existing accommodation, but this is sometimes impracticable owing to the prohibitive cost of site works, etc.

TRANSPORT.

With very few exceptions midwives in the County service possess cars and are paid mileage allowances on the national scale. A few use cars provided by the County Council, and one uses a car owned by a Nursing Association and maintained by the County Council.

The Ministry's scheme for obtaining priority of delivery of new cars to midwives has proved most helpful in maintaining adequate transport facilities in the nursing areas and during the year 14 cars were delivered under this scheme.

GENERAL.

The following table gives particulars of the work done during the year by all the midwives in the County area.

CATEGORY.	DOMICILIARY CASES.		CASES IN INSTITUTIONS.		Totals.
	Midwifery.	Maternity Nurse.	Midwifery.	Maternity Nurse.	
County Council Midwives	1376	405	—	—	1781
Midwives employed by Hospital Management Committees	149	1	1488	596	2234
Private Midwives	7	34	89	412	542
TOTALS	1532	440	1577	1008	4557

MIDWIVES ACT, 1918.

Medical Aid was summoned by midwives in domiciliary cases totalling 214 during the year, compared with 326 in the previous year. The corresponding number of claims by doctors was 86, so that it may be assumed that in some 128 of these cases the patients were already booked by the doctors under the Maternity Medical Services.

SECTION 24—HEALTH VISITING.

The staff in the County area at the end of the year consisted of 19 whole-time Health Visitors qualified as such and 61 part-time Health Visitors, three only of whom held the Health Visitor's Certificate. In accordance with the policy of the Ministry of Health the number of unqualified part-time Health Visitors has thus been reduced from 75 during 1949 to 61, for whom, of course, the Minister's dispensation from the Regulations is held, thus enabling them to act as Health Visitors. The transfer of infant visiting from unqualified to qualified staff is progressing as quickly as possible, having regard to the shortage of qualified Health Visitors and, of course, to budget restrictions on further expenditure. An additional three Health Visitors would have been appointed in 1951-52 but for such restrictions on additional expenditure.

Except for infant visiting, however, all other duties normally falling to qualified Health Visiting staff, such as visits to tuberculous patients, after-care of infectious diseases, etc., are carried out throughout the County by the qualified staff.

The County Council's scheme for training Health Visitors proved disappointing, although the financial terms offered were generous, as there were few applicants, only one of whom appeared suitable. The one candidate chosen withdrew before training could commence and, therefore, it was not possible to undertake any training. Advertisements during 1951 have, however, been more encouraging and greater success may be achieved this year.

The work of the Health Visitors, particularly whole-time staff, has been considerably extended and the operation of the Home Help Service, which is in the hands of the whole-time staff, now constitutes an important part of their duties, particularly in some areas.

Notifications of certain infectious diseases as received from District Medical Officers of Health are passed to the whole-time Health Visitors in order that they may visit and give advice as to the patient's care and the measures necessary to prevent the spread of infection.

The arrangement has continued whereby the whole-time Health Visiting staff are responsible for the visiting of Child Life Protection cases under the age of two as it is, of course, desirable for the welfare of such young children to be in the hands of trained health visiting staff, and this avoids as far as possible the duplication of visits to foster-parents by staff of the Children's Department.

An important duty carried out through the whole of the County by the qualified Health Visiting staff is the special supervision of all families where deliberate neglect of children has been found. Periodical reports on all such cases are submitted to the Children's Officer, through whom action with the N.S.P.C.C. is taken where necessary.

The number of live births notified in the County area during the year, corrected according to domicile, was 5,074 and there were also 96 stillbirths. The corresponding figures for 1949 were 4,959 and 87 respectively. The following table gives details of the work undertaken by the health visiting staff and for comparison the figures for last year are given in brackets:—

	Whole-time Health Visitors.	Part-time Health Visitors.	Totals.
Visits to children under 1	17,426 (14,652)	20,746 (22,444)	38,172 (37,096)
Visits to children between 1 and 5	25,674 (19,318)	25,677 (28,107)	51,351 (47,425)
Visits to Expectant Mothers	635 (609)	— (—)	635 (609)
Visits to other cases	6,678 (4,569)	— (—)	6,678 (4,569)
TOTALS	50,413 (39,148)	46,423 (50,551)	96,836 (89,699)

SECTION 25—HOME NURSING.

Supervision of the work of the General District Nurses is carried out by the Superintendent Nursing Officer and her assistant.

There has been no break in the continuity of the home nursing service available throughout the County area. At the end of the year there were 13 nurses working in a whole-time capacity and 81 as part-time Home Nurses; 117,603 visits were paid during the year, involving attendance on 12,193 cases.

In the area of the Salisbury Group Hospitals Management Committee the Home Nurses are receiving direct notifications of cases requiring their attention, and the scheme is working very satisfactorily. All Hospital Group Management Committees have been provided with lists of Home Nurses in their respective areas, with a view to similar co-operation throughout the County.

Direct notification to the nurse has proved of great value in allowing her to be in touch with the patient at the earliest possible moment and is of no disadvantage from the point of view of keeping central records as these are completed from the nurses' reports.

SECTION 26—

VACCINATION.

During the year 1,700 primary vaccinations and 814 re-vaccinations were undertaken by general practitioners, who were paid the agreed fee of 5/- in respect of each record received. It was not found necessary to hold vaccination clinics, although vaccination received considerable impetus from the occurrence of cases of small-pox in other parts of the Country, and a suspected, but not confirmed, case locally.

Of this total of 1,700 primary vaccinations, 653 related to infants and this represents a percentage of 12.9 of those born compared with a figure of 12.1 for 1949. It is hoped that this small improvement will be bettered in the figures for the current year as we now supplement our propaganda through Health Visitors and Infant Welfare Centres by sending an explanatory leaflet through the post to every mother when her child attains three months of age. This is later followed up, if necessary, by a special inquiry by the Health Visitor.

DIPHTHERIA IMMUNISATION.

The diphtheria immunisation campaign has been pursued energetically but has been seriously interrupted during the summer and autumn months by the occurrence of considerable numbers of cases of acute poliomyelitis in the County making it necessary, as a precautionary measure, to cease immunisation in most districts of the County for varying periods. Some 3,563 primary immunisations and 3,842 reinforcing injections were carried out by County Council staff and general practitioners, who continue to co-operate in this work, in connection with which fees, on the same basis as for records of vaccination, are payable. During the year 1,744 records of primary immunisation were received from them. In this connection supplies of prophylactic, which in 1950 totalled 995 c.c., are dispatched as required to practitioners, who can of course obtain alternative supplies through trade channels.

It is greatly to be hoped that this co-operation by general practitioners will grow, as it is most desirable that complete records should be held of immunisations undertaken by them, for the purpose of co-ordination with our records and also in order that the necessary reinforcing injections may be arranged when they are due.

Propaganda through Health Visitors and Head Teachers continued but this is reinforced by an individual letter to every parent, when the child reaches eight months of age, to urge early immunisation. If necessary this is followed by another letter of reminder and, finally, a special visit by a Health Visitor. Subsequently parents are approached in the same way as children become five and ten years of age, in order to urge that the injections necessary to reinforce immunisation shall be carried out.

The following table shows the number of children under the age of fifteen who were protected at 31/12/50:—

Number of Children who had completed a full course of Immunisation at any time up to 31st December, 1950 :—								
Age at Dec. 31st, 1950, i.e., Born in Year.	Under 1 1950.	1 1949	2 1948	3 1947	4 1946	5-9 1941-1945	10-14 1936-1940	Total under 15.
Number Immunised	72	2134	3307	3778	3298	17,316	16,882	46,782
Estimated mid-year child population, 1950	Children under five, 25,186				Children 5-14, 40,326		65,512	

SECTION 27—AMBULANCE SERVICES.

The following table gives details of the work undertaken by the Ambulance Service during the year ended 31st December, 1950. For purposes of comparison the figures for the year 1949 are given in brackets.

		Number of vehicles at 31/12/50.	Total number of journeys during the year.	Total number of patients carried during the year.	Number of accident and other emergency journeys included in Col. (3) during the year	Total mileage during the year.
(1)		(2)	(3)	(4)	(5)	(6)
Directly provided service	Ambulances	22 (26)	10,911 (11,044)	15,701 (11,892)	2,283 (2,325)	224,101 (207,136)
	Cars	12 (8)	9,945 (7,866)	13,640 (9,502)	685 (774)	165,369 (155,477)
Agency service(s)	Ambulances	5 (5)	3,712 (2,958)	4,756 (3,916)	386 (523)	75,485 (57,540)
	Cars	2 (2)	201 (141)	201 (157)	— (34)	2,253 (2,686)
Supplementary service(s).	Ambulances	5 (5)	922 (496)	2,764 (1,110)	256 (155)	32,095 (26,868)
	Cars	154 (165)	20,447 (16,013)	31,525 (21,138)	— (—)	712,787 (628,777)
TOTALS		41 (211)	46,138 (38,518)	68,587 (47,715)	3,610 (3,811)	1,212,090 (1,078,484)

Examination of these figures shows that the demands on the Service slightly increased during the year, as an extra 133,000 miles were travelled. However, one pleasing feature is that for these extra miles, some 68,000 patients were carried instead of the 47,000 carried the previous year. Furthermore, instead of 38,000 journeys to carry 47,000 patients in 1949, during 1950 68,000 patients were carried in 46,000 journeys. These figures are showing the results of our repeated efforts to co-ordinate journeys, and although the actual mileage is higher, it can be safely said that a considerable mileage has been saved by combining journeys.

The structure of the Service remained the same during the year, with Main Stations manned by whole-time County Council personnel at Bradford-on-Avon, Chippenham and Swindon; with Sub-Stations at Calne, Devizes, Malmesbury and Marlborough. The Salisbury area continued to be covered during the year on an agency basis by the St. John Ambulance Brigade. Volunteer ambulance units of the St. John Ambulance Brigade and the British Red Cross Society have con-

tinued to render valuable service by undertaking occasional journeys at the request of Main Stations. In addition, the Hospital Car Service and the County Car Pool continued to play an indispensable part in the Service. These car drivers conveyed over 31,000 patients during the year, involving a mileage of some 700,000 miles. If the assistance of these voluntary drivers was withdrawn, the establishment both of cars and personnel would have to be considerably increased.

Maintenance and repair is still being undertaken by our own mechanics based on the Main Stations. Despite several increases in the cost of tyres and petrol during 1950, the average running cost per mile (i.e. petrol, oil, tyres, repairs and replacements) of all our vehicles was between 2d. and 3d. a mile.

I mentioned in my Report for 1949 that steps were being taken to check unnecessary demands for transport. During 1950 approaches were made to Hospital Management Committees, and I am pleased to report that they have co-operated willingly in trying to avoid abuses, and I am satisfied that they have done all in their power to assist us. More and more out-patient work is, however, being undertaken by hospitals, and this inevitably means that more cases fall to be dealt with by the Ambulance Service.

It has had to be borne in mind during the year that the Government would expect the whole-time Ambulance Service to form the nucleus of the Ambulance Service in the event of war. Plans have been made for the expansion of the Service around our existing framework, and a list of premises which would be suitable as centres for war-time units has been compiled.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

A. TUBERCULOSIS.

B. MENTAL ILLNESS AND DEFECTIVENESS.

C. OTHER TYPES OF ILLNESS.

VENEREAL DISEASE.

Arrangements exist whereby Almoners of Hospitals may notify the Health Department if the services of a Health Visitor are required to follow up cases who have failed to attend at V.D. Clinics when invited to do so. This service has, however, not been used to any great extent, though it could obviously be very useful.

CONVALESCENT TREATMENT FOR PATIENTS NOT IN NEED OF MEDICAL OR NURSING CARE.

About the same number of cases were recommended for periods of convalescent treatment of the type provided under the Act by the Local Health Authority, i.e. where a change of air and rest in new surroundings is the primary need and no medical or nursing attention is required. As the number recommended tends to exceed the funds available, it has become necessary to discriminate to some extent, and priority is being given to cases needing convalescence to enable them to return to work.

During the year 32 cases were sent to 13 Homes, the majority of the cases going either to South Devon or the Somerset coast. The period of convalescence is normally 14 days, but this is extended, if necessary, on medical recommendation from the Home concerned.

D. HEALTH EDUCATION.

Arrangements have been made with the Central Council for Health Education for use of their exhibition stand at clinics and elsewhere. Educational posters are used in all the County Council Clinic premises and leaflets and pamphlets in a wide variety of health subjects are distributed.

One of the primary functions of Infant Welfare Centres is, of course, the improvement of health education, and it is through this agency that a large number of these leaflets and booklets are distributed to the public. The accommodation normally available for Infant Welfare Centres in a rural community does not readily lend itself to the giving of lectures by the Medical Officer or Health Visitor at the time the Centre is held but these officers do, of course, get many opportunities to disseminate useful advice on health education on a more individual basis.

E. PROVISION OF HOME NURSING EQUIPMENT.

The County is now well covered by Medical Loan Depots, in the main run by the St. John Ambulance Brigade or British Red Cross Society in conjunction with the County Council, which accepts financial responsibility for the replacement of worn-out articles or the addition of essential items of equipment.

The praiseworthy voluntary work of the Officers-in-Charge of Depots and their assistants in running these Depots in conjunction with the County Council is of great service to the community and would be difficult, if not impossible, to replace by paid assistants as, although calls on the Depots are obviously not continuous, it is essential that there should be someone resident locally in charge of each who is available to make issues at any time of day.

During the year there were no less than 1,304 individual loans from the Depots, which is some measure of the need for the type of equipment supplied. It is felt, therefore, that the facilities cannot be too widely known and that even greater use might be made of them by doctors and nurses. Full particulars of the scheme have been circulated to them when the facilities first became available, but it is proposed to supplement this by circulation of reminders at intervals.

Small charges, varying from 1d. to 1s. per week according to the value of the article, are made and assist to some extent in securing the early return of the article concerned when no longer needed. There is still some difficulty, however, in securing prompt return and it is sometimes necessary to ask Health Visitors to assist in collecting articles if Officers-in-Charge of Depots have serious difficulty in this connection.

There is also a Central Medical Loan Depot maintained at County Hall for the major articles of equipment, such as Dunlopillo Mattresses, spinal carriages, commodes, etc., and good use has been made of all the available equipment, to which additions are made as and when they are proved to be necessary. Thirty-five individual loans were made from Central Store during the year.

The following are details of Medical Loan Depots established in the County:—

Address of Depot.	Name and Address of Officer-in-Charge.
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke.
BRADFORD-ON-AVON. Red Cross Hut, Trowbridge Rd., Bradford-on-Avon	Miss Thomas, 49L, Trowbridge Rd., Bradford-on-Avon.
CALNE. Kingsbury Hall.	The Hon. Mrs. H. Allsopp, Vern Leaze, Calne.
CHARLTON. Red Cross Centre, Donhead.	Mrs. D. Dineley, The Priory, Berwick St. John.
CHIPPENHAM. St. John Ambulance Brigade Headquarters, 1A, Market Place, Chippenham.	Mrs. G. E. Moss, County Cadet Officer, St. John Ambulance Brigade, Watchfield, Rowden Hill, Chippenham.
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion, Corsham.	Mrs. D. Peters, Ambulance Sister-in-Charge Medical Com- forts, 8, Paul Street, Corsham.
CORSHAM (2). Red Cross Centre, Pickwick.	Mrs. Joy, 17, The Tynings, Corsham.
CRICKLADE. Red Cross Room, next to Town Hall, Cricklade.	Miss O. Holloway, 29, High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach, Devizes.	Mrs. G. R. Child, Brighstone, The Breach, Devizes.

Address of Depot.	Name and Address of Officer-in-Charge.
LUDGERSHALL. Ingelow.	Mrs. H. Panell, Ingelow, Ludgershall.
MALMESBURY. The Clinic Room, Malmesbury & Dist. Hospital.	Mrs. G. Williams, Hardinge, Sutton Benger.
MARLBOROUGH. 135, High Street.	Mrs. R. A. Bennett, "The Jolly Butcher," High Street.
MELKSHAM. Speedwell, Lowbourn.	Mrs. W. J. Stratton, Speedwell, Lowbourn.
MERE. Tudor Tea Rooms, Mere.	Miss M. J. Mitchell, Church Street, Mere.
PEWSEY. The Girl Guide Hut, Pewsey.	Mrs. H. Snow, Old Swan Cottage, Wilton, Marlborough.
RAMSBURY. Atherton Cottages, Burdett Street.	Mrs. E. R. Greene, Atherton Cottages, Burdett Street, Ramsbury. (Incorporated in County Scheme June, 1951).
SALISBURY. St. John Ambulance Brigade Headquarters, 72, Fisherton Street, Salisbury.	Mr. T. H. Gray, Honorary Secretary, 72 Fisherton Street, Salisbury.
STRATTON ST. MARGARET. Bramville, Highworth Rd., Stratton St. Margaret.	Mrs. A. C. Shaw, Divl. Supt., St. John Ambulance Brigade, Bramville, Highworth Rd., Stratton St. Margaret.
TISBURY. Red Cross Centre, Tisbury.	Mrs. D. Dineley, The Priory, Berwick St. John.
TROWBRIDGE. Red Cross Room, Back Street, Trowbridge.	Mrs. Mackay, Courtfield House, Trowbridge.
WARMINSTER. 26, Market Place.	Mrs. M. J. Spire, 26, Market Place.
WILTON. The Chantrey, Wilton.	Mrs. J. E. Sykes, The Chantrey, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel, Wootton Bassett.	Mrs. Hunt, 165, High Street, Wootton Bassett.

SECTION 29—DOMESTIC HELP.

The year has seen a consistently steady rise in the enrolment of Home Helps, who in the County area have been engaged entirely on a part-time basis. The staff at the end of the year numbered 147 compared with 69 at the end of the previous year and at the time of writing the number is 162.

The recruits are usually obtained by the County Health Visitors, who are responsible for the detailed working of the scheme in their respective areas and who usually make an intensive search for a recruit whenever and wherever the need arises, with a surprising degree of success. Assistance in recruitment is also available from voluntary sources and both the Women's Voluntary Service and the Wiltshire Federation of Women's Institutes have been helpful in this respect.

During the year assistance was given in 317 individual cases, of which 135 were confinement cases. Of the other 182 cases, 70 had received the service for a period in excess of three months, and the length of service, and consequent cost, of some of the longer term cases gave rise to serious anxiety. It was hoped that the National Assistance Board would assume the financial burden of these cases, but this has not so far proved possible. Accordingly, each such case is subject to very

close scrutiny at regular intervals, but it is not often that the service can be withdrawn. The following extracts from the list of such cases which is maintained are illustrative of this and show how great is the need for help:—

Patient is chronic heart case living alone with child, also a heart case. Is unable to undertake heavy household duties.

Two aged and infirm sisters living alone. If Home Help were not provided the patients would in all probability require institutional care.

Patient is a widow and suffers from heart trouble and malignant disease and is unable to undertake normal household duties. One 15-years-old daughter is still at school.

Husband and wife both chronic invalids and unable to cope with any household duties. The wife is often bedridden for long periods; husband invalid from 1914-18 war. No relatives available to assist.

Patient suffers from cardiac trouble and is not allowed to do any household work.

Elderly and very frail patient living alone—failing eyesight. Is unable to undertake entire household duties.

Charges are made for the Service in accordance with the scale approved by the Health Committee, which was itself based on the national scale suggested by the County Councils Association. Persons in receipt only of Old Age Pension, Old Age Pension and Supplementary Pension, or National Assistance, are not expected to make any contribution.

The administration of the scheme centrally, with the Health Visitors undertaking the detailed work in their own areas, has worked most efficiently, particularly as, of course, they already have ready access to the patients' homes and a wide knowledge of the inhabitants of their areas which has been particularly useful in connection with recruitment. The only drawback is that this work makes further considerable calls on their time, needed already for so many other duties. The question of the appointment of a Supervisor of Home Helps was considered but for the time being deferred by the Health Committee on the score of expense.

The service as a whole has reached a stage where a considerable amount of essential help is being rendered daily to many cases where otherwise welfare home or hospital admission for the patient, or the admission of children to Children's Homes or Nurseries, would be the only and more costly alternative.

SECTION 49/51. MENTAL HEALTH SERVICES.

1. ADMINISTRATION.

(a) MENTAL HEALTH SUB-COMMITTEE.

The Mental Health Sub-Committee of the Health Committee have continued to administer the Mental Health Services in the County, and have held monthly meetings—except during August and December.

The Committee consisted of the following members:—

	MISS M. F. AWDRY (Chairman)	
MRS. KING		MRS. PELLY
MR. W. H. BURGESS		The late MR. A. J. B. SELWOOD (Vice-Chairman)
MR. F. BALDWIN		DR. J. M. C. SPEER
MRS. CULVERWELL		THE LADY RACHEL STUART
THE LADY KATHARINE MCNEILE		MRS. WILLIAMS

Of the above, Mrs. Pelly and the Lady Rachel Stuart were delegated to attend a Conference on Mental Health organised by the National Association for Mental Health in London on the 23rd and 24th March.

(b) STAFF.

The Mental Health Supervising Officer has co-ordinated the working of the Services and with close co-operation between the staff at the County Hall and the district Mental Health officers, duly authorised to take proceedings under the Lunacy, Mental Deficiency and Mental Treatment Acts, an efficient service has been maintained so that all cases of mental illness have been dealt with promptly.

The County is divided into six areas given in last year's report. As these areas were reorganised recently the list given below comes into operation on the 1st July, 1951.

Chippenham Borough,
Calne Borough,
Calne & Chippenham Rural District,
Malmesbury Borough,
Malmesbury Rural District.

Mr. R. A. Shadwell. 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641).
Outside Office hours: 21, Manor Road, Trowbridge (Telephone to be installed).

Swindon Borough,
Highworth Rural District,
Cricklade & Wootton Bassett Rural District.

Miss S. Ponting. 9 a.m.—5 p.m. 36, Milton Rd., Swindon (Tel.: Swindon 4102/3).
Outside Office hours: 212, Shrivenham Road, Swindon (Tel.: Swindon 4381).
Miss H. L. Wellington, Deputy. Outside Office hours:—
336, Marlborough Rd., Swindon (Tel.: Swindon 4480).

Trowbridge Urban District,
Bradford-on-Avon Urban District,
Melksham Urban District,
Bradford & Melksham Rural District,
Devizes Borough,
Devizes Rural District,
Pewsey Rural District,
Marlborough Borough,
Marlborough & Ramsbury Rural District.

Mr. C. J. Lewis. 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641).
Outside Office hours: 40, Westbourne Road, Trowbridge (Tel.: Trowbridge 2696).
Miss B. A. Bezzant, Deputy. 9 a.m.—5 p.m., 33, St. John's Street, Devizes (Tel.: Devizes 358).
Outside Office hours: 2, Cheltenham Villas, Bath Road, Devizes (Tel.: Urgent messages to Devizes 567).

Warminster Urban District,
Westbury Urban District,
Warminster & Westbury Rural District,
Mere and Tisbury Rural District.

Mr. R. H. G. Moore. 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641).
Outside Office hours: c/o Tabernacle Cottage, Church Street, Trowbridge (Tele phone to be installed).

Salisbury City,
Wilton Borough,
Salisbury & Wilton Rural District,
Amesbury Rural District.

Mr. K. R. R. Dick. 9 a.m.—5 p.m., 48, Blue Boar Row, Salisbury (Tel.: Salisbury 3061).
Outside Office hours: 5, Western Way, Bemerton Heath, Salisbury (Tel.: Salisbury 4973).
Miss J. E. Pearce, Deputy. Outside Office hours: 24, Mill Road, Salisbury (Tel.: Salisbury 2979).

In cases of emergency where no reply was received to a call to the Mental Health Officer or Deputy for the area concerned, calls have been made to the Officer in the adjacent area and a comprehensive twenty-four hour service has been maintained.

Dr. James Urquhart, Senior Assistant County Medical Officer, gave valuable medical advice, carried out many medical examinations and completed medical certificates in respect of cases being certified under the provisions of the Mental Deficiency Acts, until October, when he took up duties as Medical Officer of Health at Swindon.

The Assistant County Medical Officers have assisted with examinations and have given certificates under the Mental Deficiency Acts.

OCCUPATION CENTRES.

Occupational therapy is provided for mental defectives at the four Centres, situated at Chippenham, Salisbury, Swindon and Trowbridge.

The CHIPPENHAM CENTRE is held at the Liberal Hall, Station Hill, Chippenham, and with the appointment of Miss I. L. Piper as Supervisor, assisted by Mrs. A. Webb, is now open from Mondays to Fridays (inclusive) from 9.30 a.m. to 3.30 p.m. A student from the National Association for Mental Health received practical instruction at this Centre during the latter part of the year.

The SALISBURY CENTRE is held at the Methodist Community Church, St. Edmund's Church Street, Salisbury, from Mondays to Fridays (inclusive) from 9.30 a.m. to 3.30 p.m. The Supervisor is Miss M. E. Hammond and Assistants Miss R. V. Besant and Miss D. Porter (part-time). A house has been purchased in Salisbury and when the necessary alterations have been

carried out and equipment installed, it is hoped to provide adequate Centre accommodation on the lines suggested by the Board of Control. During the summer the staff of this Centre organised a day trip to Sandbanks, near Bournemouth, which was much appreciated by the children.

The SWINDON CENTRE is now held in a hut at 81, Bath Road, Swindon, from Mondays to Fridays (inclusive) from 9.30 a.m. to 3.30 p.m. The Supervisor is Mrs. A. Ponting and her Assistant Miss C. Huck. Gardening facilities are available at this Centre and good work is being done by some of the older children.

The TROWBRIDGE CENTRE is still held at the Emmanuel Chapel Schoolroom, Duke Street, Trowbridge, from 9.30 a.m. to 3.30 p.m., and since the 16th October has been opened full time, i.e. Mondays to Fridays (inclusive). Mrs. E. K. Urwin, the Supervisor, assisted by Mrs. E. O. M. Bodmin, continues to carry out her duties under far from ideal conditions.

At the Chippenham, Salisbury and Trowbridge Centres, Christmas parties were held, whilst at Swindon the annual visit was made to the Pantomime.

Free milk is supplied at each Centre under the Milk in Schools Scheme and hot mid-day meals have been provided by an arrangement with the School Meals Service at a cost of 6d. a meal to each defective, the balance being paid by the Local Health Authority.

(c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS.

By arrangement with the Regional Hospital Boards, the services of Dr. J. M. C. Speer, M.D., B.Ch., B.A.O., D.P.M., and Dr. W. M. Pinkerton, M.B., B.Ch., B.A.O., D.P.H., D.P.M., the Medical Superintendent and Deputy, respectively, of the Roundway Hospital, Devizes, and Dr. J. B. Methven, M.B., Ch.B., Dipl.Psych., the Physician Superintendent of the Pewsey Hospital, have been made readily available for the examination of doubtful and difficult cases in which a specialist's opinion has been required.

PSYCHIATRIC OUT-PATIENT FACILITIES.

The Regional Hospital Boards' Psychiatric Out-Patient Clinics are held as follows:—

DEVIZES	...	...	Devizes and District Hospital, Devizes. Psychiatrist in charge: Dr. J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and children. Tuesdays weekly from 2.30 p.m.
ODSTOCK	...	...	Odstock General Hospital, near Salisbury. Psychiatrist in charge: Dr. J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and children. Fridays weekly from 2 p.m.
SWINDON	...	...	Victoria Hospital, Swindon. Psychiatrist in charge: Dr. J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and children. Mondays from 2.30 p.m.
TROWBRIDGE	...	...	Trowbridge and District Hospital, Trowbridge. Psychiatrist in charge: Dr. W. M. Pinkerton, M.B., B.Ch., D.P.H., D.P.M. Adults and children. Tuesdays from 2.30 p.m.

The Clinics held at Salisbury and Swindon are regularly attended by Dr. J. B. Methven.

SUPERVISION OF PATIENTS ON TRIAL OR BOARDED-OUT FROM MENTAL HOSPITALS AND AFTER-CARE OF PATIENTS DISCHARGED.

Patients coming under these categories are visited by the Psychiatric Social Workers employed by the Roundway Hospital Management Committee under a delegated arrangement.

PATIENTS ON LICENCE FROM MENTAL DEFICIENCY INSTITUTIONS.

The Mental Health Officers and their Deputies continue to supervise defectives on licence in the County and when possible such cases have been visited at least at three monthly intervals.

There were 77 cases, 28 male and 49 female, on licence in the County at the end of the year, and also four male patients in daily situations from St. James' Hospital, Devizes, for whom reports were also furnished.

In addition to reports on the progress of these patients the Mental Health Officers and their Deputies have made numerous enquiries into the home conditions of defectives resident in institutions:—

- (1) In respect of applications for licence or holidays.
- (2) In respect of applications for the discharge of Orders under the Mental Deficiency Acts and
- (3) When patients are due to be seen by the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

(d) VOLUNTARY ASSOCIATIONS.

In order to assist the Mental Health Officers in their visitation of defectives under supervision 44 Visitors, who used to complete reports for the Wilts Voluntary Association for Mental Welfare, have continued to supervise 98 cases and have reported on them at half yearly intervals. Their help in these cases has been much appreciated.

(e) TRAINING OF MENTAL HEALTH WORKERS.

During April, Mrs. A. Webb, now the Assistant Supervisor at the Chippenham Occupation Centre, attended a "Refresher Course for Staffs of Occupation Centres and Children's Departments of Institutions for Defectives" in London, which was arranged by the National Association for Mental Health.

11. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.

Where necessary, help and advice has been given to cases referred to the Local Health Authority for investigation in accordance with Circular 146/48 of the Ministry of Health. During the year four such cases (all male) have been reported.

(b) LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of cases dealt with by the duly authorised Mental Health Officers and their Deputies throughout the year:—

Area.	Certified.			Temporary.			Voluntary.			Section 20 or Urgency Orders.			Total.		Grand Total.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
DEVIZES ...	6	8	14	—	2	2	1	2	3	6	6	12	13	18	31
SALISBURY ...	6	13	19	—	—	—	20	17	37	3	1	4	29	31	60
SWINDON ...	25	37	62	—	1	1	12	8	20	4	5	9	41	51	92
TROWBRIDGE ...	6	31	37	—	3	3	12	8	20	9	7	16	27	49	76
WARMINSTER ...	8	9	17	—	1	1	3	4	7	1	1	2	12	15	27
TOTALS. ...	51	98	149	—	7	7	48	39	87	23	20	43	122	164	286
LAST YEAR ...	(55)	(98)	(153)	(—)	(4)	(4)	(29)	(29)	(58)	(11)	(12)	(23)	(98)	(144)	(242)

N.B.—There were no cases dealt with under Section 21 (last year 1 female).

There were no cases dealt with under the Criminal Justice Act (last year 3 males).

Of the 42 cases admitted under Section 20 and one on an Urgency Order, three were certified, seven became Voluntary patients, one was discharged, one died and Orders for 31 were extended under Section 21a. Of the latter, eight were certified, 21 became Voluntary patients and two were discharged.

	Certified.	Voluntary.	Discharged.	Died.	Total.
Summary ...	11	28	3	1	43

TRANSFERS.

The following transfer of patients from Private Mental Hospitals to Health Service Hospitals have been carried out by the Mental Health Officers and their Deputies:—

<i>From</i>	<i>To</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
The Old Manor, Salisbury ...	Herrison Hospital, Dorchester ...	1	2	3
do. ...	Park Prewett Hospital, Basingstoke ...	1	2	3
do. ...	Moor Green Hospital, Southampton ...	—	1	1
do. ...	West Park Hospital, Epsom ...	—	1	1
do. ...	Long Grove Hospital, Epsom ...	—	1	1
do. ...	Knowle Hospital, Fareham ...	—	1	1
do. ...	Friern Hospital, London, N.11 ...	—	1	1
do. ...	Mendip Hospital, Wells ...	—	2	2
do. ...	St. Bernard's Hospital, Middlesex ...	—	1	1
do. ...	Springfield Hospital, Tooting, S.W. 17 ...	—	1	1
do. ...	Storthes Hall Hospital, Huddersfield ...	1	—	1
do. ...	St. Francis Hospital, Haywards Heath ...	—	1	1
Laverstock House, Salisbury ...	Roundway Hospital, Devizes ...	—	1	1
do. ...	Park Prewett Hospital, Basingstoke ...	1	1	2
do. ...	Exminster Hospital, Devon ...	—	1	1
do. ...	Banstead Hospital, Surrey ...	—	1	1
* TOTALS ...		4	18	22

The following Health Service patients were also transferred:—

<i>From</i>	<i>To</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Roundway Hospital, Devizes ...	Springfield Hospital, Tooting, S.W.17 ...	1	—	1
do. ...	Severalls Hospital, Colchester ...	1	—	1
do. ...	Friern Hospital, New Southgate, N.11 ...	1	—	1

An unusual aspect of the work has been that amongst cases evacuated from Germany and brought to Lyneham Aerodrome in this County there have been several suffering from mental illness who have had to be dealt with on arrival by one of the Council's Mental Health Officers. Information concerning these cases has been received from Germany through the Regional Hospital Board and on receipt of this information the Mental Health Officer has arranged to be at the Aerodrome at the appropriate time with an ambulance and, if necessary, an escort. During 1950 there were four such cases, all males, and these cases were admitted in the first instance to Roundway Hospital, Devizes, under Section 20 of the Lunacy Act, 1890. Of these cases one became a Voluntary patient remaining at Roundway Hospital; in the other three cases it was necessary to arrange their further transport to hospitals near their own homes, as is given in the transfer figures above, two as Voluntary patients to Springfield Hospital, Upper Tooting, London, S.W.17, and Severalls Hospital, Colchester, respectively, and the other as a Health Service Certified patient to the Friern Hospital, New Southgate, London, N.11.

(c) MENTAL DEFICIENCY ACTS, 1913-1938.

(1) ASCERTAINMENT.

Cases reported to the Local Health Authority during the year as being subject to be dealt with under the Mental Deficiency Acts numbered 106.

These fall into the following groups:—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Notified under Section 57 (3), Education Act, 1944	24	14	38
Notified under Section 57 (5), Education Act, 1944			
On leaving special schools ...	—	1	1
On leaving ordinary schools	11	6	17
From other sources ...	24	26	50
	59	47	106

Orders for the detention of patients in Mental Deficiency Institutions were signed in respect of 42 Wiltshire cases, 23 males and 19 females. Of these, four males were dealt with by the Courts under Section 8(1) (b) of the Mental Deficiency Act, 1913 and one female by the Secretary of State under Section 9.

Eight of the petitions prepared under Section 6 of the principal Act in respect of the 42 Wiltshire cases were presented by officers of other Local Health Authorities as they had been admitted to hospitals outside the County as in "places of safety." On the other hand, five petitions were presented by this Authority on behalf of other Local Health Authorities in respect of cases who had been admitted to the Pewsey Hospital as in a "place of safety." One female previously dealt with at the instance of her parent under Section 3 of the principal Act was transferred to the Health Service class by authority of the Board of Control.

At the end of the year four males and four females were detained in institutions as in "places of safety" and 16 males and 24 females were awaiting admission. Most of the latter were low grade children whose removals from their present environments were matters of urgency, but for whom the respective Regional Hospital Boards were unable to offer vacancies.

(2) GUARDIANSHIP.

Three Guardianship Orders were obtained during the year and on the 31st December, 1950, 85 cases, 33 males and 52 females, were detained under Guardianship Orders. These cases have been visited regularly by the Mental Health Officers and their Deputies and have also been seen by the medical staff of the Health Department in accordance with Article 76 (1) of the Mental Deficiency Regulations, 1948.

Four female patients were discharged from their Guardianship Orders during the year. Three males and one female died and two females, who became unsuitable for Guardianship, were transferred to Mental Deficiency Institutions. Varying Orders were also obtained in respect of one male and three females, transferring them to new Guardians, and two cases, one male and one female, were transferred by Varying Order from institutional care to Guardianship.

In 50 Guardianship cases the financial responsibility was taken over by the National Assistance Board.

(3) SUPERVISION.

At the end of the year, 579 cases, 311 males and 268 females, were under supervision; of these, 239 males and 186 females were under Statutory supervision.

Nineteen cases, 10 males and nine females, were withdrawn from supervision during the year. Two males and three females died and four males and 10 females removed from the area.

Seven cases were reported to have married and six of these were subsequently withdrawn from supervision.

(4) TRAINING.

The following is a summary of the numbers on the registers of the Occupation Centres at the end of the year:—

				<i>M.</i>	<i>F.</i>	<i>Total</i>
Chippenham	...	...	...	6	9	15
Salisbury	...	...	...	4	17	21
Swindon	...	...	...	9	16	25
Trowbridge	...	...	...	14	7	21
				33	49	82

A number of defectives living in outlying areas, who were not on a bus route, or who were unable to travel alone, were transported to the Centres by arrangement with the County Ambulance Service.

At the end of the year, five males and nine females, who were unable to attend either of the Occupation Centres for various reasons, were being given Home Teaching by the Deputy Mental Health Officers, stationed at Devizes, Salisbury and Swindon.

OTHER SERVICES.

NOTIFICATION AND TREATMENT OF OPTHALMIA NEONATORUM AND PUERPERAL PYREXIA.

Cases of ophthalmia neonatorum, notifiable direct to the County Council, numbered twenty during the year, three being born at home, and seventeen in institutions. Two of the domiciliary cases were admitted to hospital and one of the institutional cases transferred to an Eye Hospital, but in no case was there any impairment of vision.

Twenty-four cases of puerperal pyrexia were notified during the year, five domiciliary and nineteen institutional.

As the County Council remains responsible for the supervision of midwives working in hospital, inquiries are made when infectious conditions are notified in Maternity Wards to ensure that every precaution is taken by midwives against the risk of conveyance of infection. The position is, however, a most unsatisfactory one as the County Council has no other control whatsoever in these Wards.

INVESTIGATION FOR PRIORITY OF ADMISSION TO MATERNITY BEDS.

The County Council has continued to co-operate with the Regional Hospital Boards in the investigation of cases recommended for admission to maternity beds on non-medical grounds. This service is used to a varying degree by the various Maternity Homes in the County, but, if the most equitable distribution of beds according to need is to be achieved, it might well be used in every area until there is a sufficient number of maternity beds available to accommodate all cases desiring admission. Any system of booking all-comers, irrespective of their need, until the full quota of beds has been booked, is bound to result in cases of greater need which happen to book late in pregnancy being refused beds, until there are enough beds available for all patients seeking admission. The investigations of home circumstances are, of course, undertaken by the Health Visiting staff and entail a considerable amount of work.

During the year a total of 625 maternity bed applications was investigated. Of this number 547 were considered to warrant priority of admission to maternity beds and were accordingly recommended to the hospital of the patient's choice. Accommodation was, however, not always available for such cases at the nearest Maternity Hospital and application had sometimes to be made to the respective Hospital Management Committees for alternative accommodation to be provided.

In the 78 cases where, on the Health Visitor's report, priority of admission could not be recommended, every assistance was given to the patient to make arrangements for home confinement and the Home Help Service was often used to enable satisfactory arrangements to be made, thus freeing a maternity bed for a case of more urgent need.

REGISTRATION OF NURSING HOMES.

During 1950 no new applications for registration were received.

At the end of the year there were 13 Homes in active use on the register, providing 53 maternity and 81 other beds.

Regular inspection of the active Homes continued to be carried out by the Deputy County Medical Officer and the Nursing Officers.

NURSERIES AND CHILD MINDERS ACT, 1948.

One private Nursery, attached to a Factory, is registered for 25 places. It is, of course, periodically visited and the children in the Nursery are given the benefit of regular medical inspection and also dental inspection and treatment at intervals, as in the case of the County Council Nurseries.

REGISTRATION OF NURSING CO-OPERATIONS.

One application for registration was received during the year, the first since the relevant Act was passed. This application was approved and the co-operation concerned has since opened premises in the County and commenced its work.

BLIND.

The registration of blind has remained a function of the Health Department and during the year 92 cases were certified as blind, the total on the register at the end of the year being 667. In addition, 18 persons were registered as partially blind, a category newly introduced for registration during the year.

EXAMINATION OF MEDICAL REPORTS FOR SUPERANNUATION PURPOSES.

During the year 181 medical reports were considered in respect of the admission of County staff to the Superannuation Scheme. Of this number four were not approved, but two of these were passed for temporary appointments for review later as to fitness for entry to superannuation.

TUBERCULOSIS

The Wilts County Council is no longer the Authority for the treatment of tuberculosis, the provision of such treatment being the responsibility of the various Regional Hospital Boards covering the County.

The Council remains the Authority for the prevention and after-care of tuberculosis, and the following report is confined mainly to statistical and other information concerning these aspects of the tuberculosis problem.

NOTIFICATIONS.—The following table gives information of the number of primary notifications, pulmonary and non-pulmonary, received during the year 1950:—

Age Periods.	Number of Primary Notifications of New Cases of Tuberculosis, 1950.													Total.
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Pulmonary: Males ...	1	—	5	2	3	12	14	32	30	32	22	5	—	158
Pulmonary: Females ...	—	—	3	1	5	22	26	43	11	14	2	3	—	130
Non-Pulmonary: Males ...	—	1	6	7	6	5	1	4	2	1	—	—	—	33
Non-Pulmonary: Females ...	1	—	1	10	9	2	5	6	—	1	—	—	—	35

It will be noted that 288 notifications of pulmonary cases were received, compared with 315 in the previous year. There were 68 notifications of non-pulmonary cases, compared with 111 during 1949.

The figures therefore show a decrease over the previous year, 27 less pulmonary, and 43 less non-pulmonary notifications. It is difficult to say whether a decrease in the incidence of either pulmonary or non-pulmonary tuberculosis is taking place, despite the reduction shown during the present year, and a definite statement on this point cannot be made until the results of notifications during the next few years are known.

The notifications of pulmonary tuberculosis for 1950 show a reversal of the trend in recent years. Whereas for some time past the notification of male patients has shown an increase, and that of female patients a decrease, in the year under review the exact opposite has been the case.

Most pulmonary cases arise in the age groups 15-45, but amongst male patients the higher incidence in later age groups still continues.

It is doubtful whether the figure of 68 for non-pulmonary notifications represents all the cases discovered with this type of infection. Many of these cases are treated in General Hospitals without the knowledge of the Tuberculosis Department, and it seems questionable whether notification is always carried out.

In addition to the primary notifications shown in the foregoing table, 65 other notifications were received, 46 of which were transfers from other areas, 17 were non-notified cases discovered from the Death Returns received from the District Registrars, one was a posthumous notification, and the remaining case related to a person usually resident in Wiltshire, who died elsewhere, and had not been known to suffer from tuberculosis whilst living in the County.

More than half the non-notified cases died in General Hospitals, having been admitted for some other complaint, and the diagnosis discovered as a result of post-mortem examination.

Unless there is good reason to the contrary, all cases notified are followed up by the Health Visitor, who stresses the necessity of the patient co-operating with the Chest Physician's instructions, and advises regarding hygiene in the home, prevention of the spread of infection, examination of contacts, and general social welfare.

For the year 1951 records are being kept in order to give information concerning the prevalence of tuberculosis in different areas of the county, and amongst the various occupations of persons living in the county. So far as can be seen from the first six months of 1951, this will show a fairly even distribution in both urban and rural areas according to the population, and a great diversity amongst the occupations.

EXAMINATION OF CONTACTS.—The number of contacts of tuberculous patients first seen during 1950 was 635, compared with 547 in the previous year. The following table shows the results of investigation of these cases:—

	Pulmonary.			Non-Pulmonary.			Totals.			Grand Totals.
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Diagnosed as Tuberculous ...	12	20	6	—	—	5	12	20	11	43
Non-Tuberculous ...	—	—	—	—	—	—	105	166	207	478
Diagnosis not completed by 31/12/50 ...	—	—	—	—	—	—	21	23	70	114

DEATHS.—During the year 1950 there were 102 deaths from tuberculosis, 94 pulmonary and 8 non-pulmonary. This compared with 103 deaths in the previous year.

The death rate from all forms of tuberculosis for the year 1950 was 0.26 per thousand of the population, compared with 0.29 in the year 1949. The pulmonary death rate was 0.24 per thousand of the population, and for non-pulmonary 0.02 per thousand.

The reduction in the death rate from all forms of tuberculosis in Wiltshire for the year 1950 is more apparent than real. Actually there was practically no change during the year, the reduced rate being due to the fact that the Registrar General's figures show a population for the County of 381,860, as against 350,600 in 1949, the increased population being caused by the inclusion of members of the armed forces in the area, whereas in previous years members of the armed forces had been excluded.

The death rate for England and Wales from all forms of tuberculosis was 0.36 per thousand of the population.

The tuberculosis death rate in Wiltshire thus still remains considerably below the National rate.

HOUSING.—The responsibility for the provision of housing rests with the various District Councils, but during the year 106 tuberculosis cases were referred by the Chest Physicians to these Authorities recommending the provision of better housing accommodation according to the degree of infectivity of the patients concerned.

As noted in the last report, three different types of certificate are usually issued:—No. 1 in sputum positive cases as an urgent measure for the prevention of infection, No. 2 where the case is not sputum positive, but better housing would be desirable in order to improve and maintain the patient's health, and No. 3 where improved housing would be beneficial, but is not an urgent matter.

The 106 cases which were referred in 1950 were classified as follows:—

No. of Cases referred, and Certificate issued.	No. of Houses provided.	Other satisfactory arrangements made.	Died or Left County.	Houses not yet provided.
Certificate No. 1 ... 36	13	—	3	20
Certificate No. 2 ... 59	19	2	3	35
Certificate No. 3 ... 6	3	—	—	3
Referred without a certificate 5	3	—	—	2
TOTALS ... 106	38	2	6	60

HEALTH VISITING OF PATIENTS.—In addition to the numerous visits made to the homes by the Chest Physicians, the County Health Visitors paid 1,091 visits to patients during the year.

GENERAL AFTER-CARE WORK.—Under this heading extra nourishment in the form of free grants of milk, and beds and bedding, were supplied to a number of patients whose financial circumstances justified such action, sputum flasks were issued, Home Helps arranged where available, and shelters erected where conditions were suitable.

The County Branch of the British Red Cross Society has given great assistance in many ways in the care of the tuberculous patient, more particularly for ex-Service men. Several ex-Service cases have been sent to Switzerland for convalescent treatment, and numerous food parcels and articles of clothing supplied.

DIVERSIONAL THERAPY.—This scheme was continued whereby the County Council makes a grant to the Wiltshire Branch of the British Red Cross Society to enable them to provide materials for suitable tuberculous patients to undertake diversional therapy in their own homes. By the end of the year 73 cases had been referred to the Red Cross Authorities since the inception of the scheme, and were engaged in rug making, toy making, leather work and weaving, etc. Library subscriptions in respect of reading facilities for certain patients were also paid to the Hospital Librarian of the Red Cross Society.

It is evident from the reports received that this scheme is proving of great benefit to these patients in providing occupation during the time they are forced to remain confined to their homes whilst awaiting Sanatorium treatment, or after such treatment has been received.

ADOPTION OF CHILDREN ACT, 1926.—Co-operation has been maintained with the Children's Department of the Council, and the Chest Physician is asked by the Children's Officer whether persons wishing to adopt children are known to be suffering from tuberculosis before their applications for legal adoption are considered.

The Children's Officer is requested by the Chest Physician to arrange for the removal of children of infected parents to Children's Homes under certain circumstances, particularly where such action is necessary to enable the mothers to receive Sanatorium treatment, which they would otherwise be unable to undergo, where the children could not properly be looked after at home upon the discharge of a patient from Sanatorium or other cause, or where it is necessary to segregate children whilst they receive B.C.G. vaccination.

EMPLOYMENT OF TUBERCULOUS PATIENTS.—Liaison with the Disablement Resettlement Officers of the Ministry of Labour in regard to the employment of tuberculous patients has been satisfactory.

FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.—The Chest Physicians have continued to issue certificates for the use of National Assistance Boards to enable patients to receive extra financial help to which they may be entitled during the course of their illness.

MASS RADIOGRAPHY.—Mass Radiography is carried out by the Regional Hospital Boards, and not by the County Council. It may be of interest to record, however, that during 1950 the Mass Radiography Units of the various Boards carried out surveys in the County at the following places: Calne, Corsham, Chippenham, Malmesbury, Swindon, Bradford-on-Avon, Roundway Hospital, Boscombe and Porton. Approximately 12,950 persons were examined by the Units at these surveys, and 163 persons were referred to the Chest Physician for further investigation. Active pulmonary tuberculosis was discovered in 36 cases, inactive post primary tuberculosis in 84 cases, and 32 cases are still under observation at the Clinics. The 11 other persons were suffering from non-tuberculous conditions. Of the active cases of pulmonary tuberculosis, 8 have been recommended for, or have received, Sanatorium treatment.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.—In July, 1950, the Ministry of Health issued Circular 64/50 dealing with the arrangements for the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis.

Three Committees of the Council appeared to be involved, the Health Committee, the Children's Committee and the Education Committee.

In the case of the Health Committee, the staffs of Day Nurseries came under the provisions of the Circular, whilst in the case of the Children's Committee, the provisions involved the staffs at the Children's Homes. Some doubt existed whether the teaching staff employed by the Education Committee were concerned, and no action so far has been taken in regard to teachers.

The Ministry of Health intimated that new applicants for posts involving close contact with groups of children should be medically examined, including chest X-Ray, and found to be free from active tuberculosis, before being engaged. The Ministry also stated that persons already engaged, whose employment brings them into close contact with groups of children, should have X-Ray examination of the chest annually.

Arrangements were made by the Health and Children's Committees for their staffs concerned to come under the provisions of the Circular, and new applicants to staffs at Day Nurseries and Children's Homes are required now to submit to X-Ray examination of the chest prior to appointment. The X-Ray examinations are arranged through the various Hospital Management Committees in the County, the Council paying a fee per case to the Management Committee for each X-Ray examination carried out.

Some difficulty is experienced in this connection where the applicant does not live in Wiltshire, but in such cases efforts are made to arrange the X-Ray examination through the Local Authority of the area in which the candidate resides.

As regards the annual X-Ray examination of staffs, the Ministry suggested that these examinations could be undertaken free of charge by the various Mass Radiography Units operated by the Regional Hospital Boards, and this procedure has been followed as far as possible. The difficulty is that the Units function in the County at irregular intervals, and it may not always be practicable to arrange the examinations required annually.

By the end of 1950, the staffs at the Salisbury and Trowbridge Day Nurseries had been medically examined, and X-Rayed, and no evidence of active tuberculosis was discovered. A number of persons appointed to posts in Children's Homes were also medically examined and X-Rayed, and found satisfactory.

The annual chest X-Ray examination of existing staffs was not commenced until 1951, these depending upon the movements of the Mass Radiography Units in the County.

B.C.G. VACCINATION.—Proposals for carrying out the scheme for B.C.G. vaccination against tuberculosis were submitted to the Ministry of Health early in the year, and the Ministry's approval was later obtained. Under the scheme, Dr. J. S. Harper, and Dr. A. C. Molden, Chest Physicians, were approved by the Ministry as the Physicians to undertake the vaccinations.

The work, both clinically and administratively, is intricate in character. Medically there is much preliminary testing to be done before vaccination, and administratively there is difficulty in timing the vaccinations because the vaccine comes from Denmark, and has to be used within 14 days of manufacture. Attention has also to be paid to the segregation, wherever possible, of the persons vaccinated from actual contact with tuberculosis both before and after vaccination.

In a considerable number of cases B.C.G. inoculation of the contacts was arranged whilst the primary case concerned was in hospital. This happened in about 10 cases. In others the patient was not sputum positive whilst the B.C.G. vaccination of the contacts was being carried out, whilst in some instances B.C.G. vaccination was done whilst the contacts were inmates of Children's Homes, usually not primarily for segregation, but because of the mother being in hospital, and there being no one to care for the children at home.

The scheme may be said to be divided into two sections. The first section relates to work undertaken on behalf of the Regional Hospital Boards in connection with the nursing and other staffs at hospitals, and the second section that undertaken on behalf of the County Council in regard to prevention, e.g., contacts of actual cases of tuberculosis. Where preliminary tuberculin tests are positive, infection has occurred and vaccination is unnecessary, and such results are considerably more numerous than the negative tests. In new-born infants infection is presumed not to have occurred, and such are vaccinated without preliminary tuberculin testing.

Despite all the difficulties, considerable work was carried out by the end of the year and the following table shows the results obtained. The figures do not clearly indicate the extent of the work undertaken, particularly at the clinics, where much preliminary testing is done as a routine measure, the figures in the table relating only to those clinic cases where vaccination was possible.

Hospital or Clinic.	Cases Tested.	Test Positive.	Test Negative or otherwise suitable for B.C.G.	B.C.G. Vaccination carried out.	Refusals or absent after preliminary testing.
Salisbury General Infirmary (Training School)	13	8	5	5	—
Swindon Victoria Hospital (Training School)	18	14	4	3	1
Trowbridge Isolation Hospital ..	10	7	3	2	1
Bradford-on-Avon Maternity Home ...	13	11	2	—	2
Melksham Hospital	24	18	6	4	2
Chippenham and District Hospital ...	8	7	1	1	—
Swindon Clinic	All under 14 yrs. age	Inftn. not available	3	3	—
Salisbury Clinic	do.	do.	14	12	2
Trowbridge Clinic	do.	do.	4	3	1
Corsham Clinic	do.	do.	4	4	—
TOTALS	—	—	46	37	9

In 1951 the work is gathering momentum, as will be seen in next year's figures.

The Chest Physicians are Officers of the Regional Hospital Boards, but by agreement undertake duties on behalf of the County Council in connection with the prevention of tuberculosis. For financial purposes 3/11ths of their salaries and other expenses are chargeable to the County Council.

The clerical work in connection with the tuberculosis scheme is undertaken by the administrative staff at County Hall, Trowbridge. The same staff serves the County Council and the Regional Hospital Boards on an equal basis, i.e. 50% of the salaries being paid by the Council and the remaining 50% by the Regional Hospital Boards. This arrangement has been found to be of great value to both sides, and with the County split into the areas of three Regional Hospital Boards, appears to be the ideal solution of an otherwise difficult problem, particularly from the County Council's point of view.

The work undertaken is continually increasing, is intricate and specialised in character, and the staff is taxed to the utmost to cope adequately with the altered circumstances which have arisen as a result of the passing of the National Health Service Act.

SANITARY CIRCUMSTANCES OF THE COUNTY.

WATER SUPPLY.

The spade-work put in by the County District Councils and the County Council over the last five years is now beginning to bear fruit in almost every district, and many water supply schemes have either been completed, are in progress, or a starting date has been awarded.

Many sources of supply have been developed, and many miles of mains already laid. All of this brings a piped water supply to many villages appreciably nearer.

Good liaison and relations have been maintained and strengthened during the year between the County Council and District Councils. The County Council have endeavoured wherever possible to bring the parties together so as to get the best possible schemes at the lowest cost.

The general monthly rainfall in Wiltshire during 1950 was as follows:—

January	.6	May	...	...	2.5	September	...	4.4
February	5.8	June	...	...	1.7	October	...	1.1
March	1.3	July	...	...	5.2	November	...	6.7
April	2.6	August	...	...	4.2	December	...	1.9
Total for year, 38.0.								

THE RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

Nine water schemes were submitted to the County Council for observations during the year. The original outline schemes for the County are now gradually taking shape, although shortage of steel and long delays in the delivery of pipes and specials have been contributory factors in slowing the progress of the field work. Adverse weather conditions, too, have retarded boring and pipe-laying. However, many of the sources of supply have now been developed and the way cleared for constructional work in connection with pumping plant, reservoirs and main laying.

The following is a brief description of the water supply position in the individual rural districts:—

AMESBURY R.D.

About half the population at present have piped supplies, mainly from three small undertakings in the Parishes of Amesbury, Durrington and Shrewton. Post-war proposals provide for supplementing these existing supplies, and covering the remainder of the District from two new sources at Newton Toney and Shrewton, and the provision of three new reservoirs at Beacon Hill, Cope Hill and High Post of 1,000,000, 100,000 and 50,000 gallons respectively. The trial Borehole at

Newton Toney has been sunk but not yet tested, and work is in progress on the Shrewton Borehole. The village of Tilshead has now been supplied from the War Department main, pending the development of the Regional scheme, and work is also in progress on a link main between Amesbury and Durrington to improve the Amesbury supply.

BRADFORD & MELKSHAM R.D.

Existing supplies to this district are mainly small private supplies and the proposals are to augment or replace them with a Regional supply from the Chippenham Borough reservoir at Hawthorn from which a trunk main has already been laid to Atworth and a supply given to this village and South Wraxall. Beanacre has also been given a satisfactory supply from an extension of the Trowbridge Water Board's main. The supply in Melksham Without has also been greatly improved from the new trunk main from Corsham laid by the Trowbridge Water Board.

At the time of writing the Monkton Farleigh supply is being extended to Farleigh Wick, which will ultimately form part of the District Regional Scheme.

CALNE & CHIPPENHAM R.D.

Briefly, post-war proposals involve extending the existing supplies in the western area of the district and the provision of a new source in the eastern area, at an estimated cost of £120,000. Main extensions are progressing steadily in the western area, but Ministry approval is still awaited for the eastern area scheme. This scheme comprises sinking a borehole near Queensbridge, one mile south-west of Chippenham, and laying a 9-in. rising main to a 500,000 gallon reservoir at Bowden Hill, Lacock, with distribution mains serving the eastern Parishes. The scheme will also afford a bulk supply of 50,000 gallons a day to Calne Borough, and 80,000 gallons a day to Devizes R.D.C. at the boundaries of those districts.

CRICKLADE & WOOTTON BASSETT R.D.

Existing supplies covering 80% of the district are derived from a Borehole at Ashton Keynes, which is inadequate for future requirements. It has been decided therefore to sink a further bore at Ashton Keynes and carry out a joint scheme with Highworth Rural District. This new borehole has now been sunk and satisfactorily tested. The next stage is to construct a new 1,000,000-gallon joint reservoir at Blunsdon with rising main from Ashton Keynes.

DEVIZES R.D.

Existing supplies serve about 40% of the population from two sources, namely the Council's own boreholes at Cheverell and a bulk supply from Devizes Borough. The Regional proposals allow for five new schemes, as follows:—

- Scheme 1:* A bulk supply from Calne & Chippenham R.D.C. to serve Bromham, Rowde, Seend and Poulshot.
- Scheme 2:* Bulk supply from Devizes Borough serving the Cannings, Roundway and Stanton St. Bernard.
- Scheme 3:* A new Borehole at Chirton to supply Chirton, Etchilhampton, Marden, Patney, Stert and Urchfont.
- Scheme 4:* A new Borehole at West Lavington to serve Easterton, The Lavingtons and Little Cheverell.
- Scheme 5:* Augmentation Borehole at Great Cheverell to supply Erlestoke, Great Cheverell, Marston, Potterne and Worton.

So far, the Chirton Borehole has been sunk and satisfactorily tested. Main extensions at Nursteed and Potterne have been completed. It is hoped that a start will be made on the Bishops Cannings supply early in 1951.

HIGHWORTH R.D.

Inadequate existing supplies here are from one or two small Council undertakings, and a bulk supply from Swindon. Post-war proposals provide for augmentation of these supplies by a joint scheme with Cricklade and Wootton Bassett from Ashton Keynes source for the Northern Parish of Highworth, and a scheme for the Southern Parishes by sinking a well and adits near the watercress beds at Bishopstone. Very little progress has been made so far with the Regional schemes, beyond developing the source at Ashton Keynes, although one or two main extensions have been carried out at Little Hinton, Blunsdon and South Marston, which will later form part of the Regional scheme.

MALMESBURY R.D.

About 50% of the population are served from existing piped supplies.

The Regional scheme provides for supplying the Rural District mainly from two new sources, springs at Corston and Charlton feeding elevated water towers at Rodbourne and Whitchurch respectively. The Corston spring has already been developed, mains have been laid in Corston and Rodbourne, and work is in progress on the Rodbourne tower. Ministry approval is awaited for the Charlton scheme, although the Inquiry has been held. The starting date has been given for the West Glos. Water Company's main extension to Sherston and Pinkney. Extensions from Dauntsey to Great Somerford, through Lea from Brinkworth, have also been laid and will ultimately form part of the Regional supply.

MARLBOROUGH & RAMSBURY R.D.

Existing supplies from the Ramsbury and Bedwyn sources cover only about 30% of the population. Post-war proposals aim at covering the whole district by three schemes.

1. The Avebury scheme with borehole source at Clatford, and trunk main running west through Avebury and eight other Parishes, and terminating at Broad Hinton.
2. The Ogbourne scheme taking a bulk supply from Swindon Corporation source at Ogbourne St. George, to serve both the Ogbourne Parishes.
3. The Bedwyn and Shalbourne scheme which consists of sinking a further borehole at Great Bedwyn to augment the existing supply and give a service to Froxfield, Grafton, Shalbourne, Tidcombe and Fosbury.

Excellent progress has been made with the first two projects. The Clatford borehole has been sunk and about 10 miles of mains laid through Preshute, Fyfield, West Overton and East Kennett as far as Beckhampton, and Scheme No. 2 is virtually completed. In addition, a small Bedwyn extension to Stokke and The Warren has also been completed.

MERE & TISBURY R.D.

Post-war proposals are to supply the whole of the Rural District from the Mere source, which will supersede the existing inadequate sources at Tisbury, Teffont and Donhead. This comprehensive scheme consists of developing the Mere source, the provision of eight additional reservoirs, and over 60 miles of rising and pumping mains. Progress of this scheme has so far been confined to the development of the Mere source, and the construction of a new reservoir at Mere.

PEWSEY R.D.

Pre-war existing piped supplies under District control were confined to Pewsey and Ludgershall Parishes. Post-war proposals provide for supplying the rest of the District, mainly from three new boreholes at Collingbourne Kingston, Enford and Milkhouse Water. It is probable that the latter borehole will not be needed if the yield of the other two sources prove sufficient. Progress in the field has been satisfactory. The Collingbourne source has been developed and 60% of mains laid. The Enford Borehole at Compton has been sunk and winter tested at 10,000 g.p.h. continuously for 10 days. A further summer test is to be carried out in view of the high water table at the winter test.

The Parish of Wootton Rivers has been provided with a piped supply from an extension of an Estate supply, and also Chute and Chute Forest by an extension from Ludgershall.

SALISBURY & WILTON R.D.

Salisbury & Wilton is another district where piped supplies are badly required. Post-war proposals comprise bulk supplies from Salisbury City and the West Hants Water Company, development of existing sources, and the acquisition of redundant Air Ministry schemes. Progress has been satisfactory. The Fovant scheme is practically completed, and the Wylve and Steeple Langford scheme is well advanced. Tenders have been invited for an extension to Britford. An additional borehole has been sunk at Farley, and tenders invited for supplying mains to Grimstead.

WARMINSTER & WESTBURY R.D.

Pre-war existing supplies were confined to one or two private supplies. Post-war proposals were to cover the district from two sources, the Luccombe springs at Bratton for the North-Eastern Area, and boreholes near Codford Station for the South-Western Area. The North-Eastern Area scheme has been completed and a supply given to Bratton, Edington, West Ashton, Coulston, Steeple Ashton, Keevil and Bulkington. The South-Western Area scheme is well advanced and water already provided in Corton and Upton Lovell. Work is now in progress in laying mains in Codford village. Tenders have also been invited for a new permanent Pumping Station at Codford. Those parts of Southwick and North Bradley at present without a supply will be supplied by the Trowbridge & Melksham Water Board during 1952.

The following schedule shows the work either completed, in progress, or contemplated, by the various local authorities up to the 28th February, 1951.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
AMESBURY R.D.				
Outline Schemes	5/6/45	—	£235,000	Newton Toney bore sunk. Shrewton bore in hand.
Amesbury-Durrington 7in. Link Main	20/7/48	16/2/49	(D) £3,289	Work in progress.
Amesbury-Riverside Avenue 3in. extension.	24/1/51	3/1/51	(D) £590	Pipes ordered.
Figheledean	25/10/49	3/4/50	(D) £2,200	Provisional starting date 1/5/51.
Shrewton-Rolleston 3in. extension ...	25/6/49	21/11/50	(N) £740	Pipes ordered.
Tilshead	20/4/50	28/4/49	£3,910	Completed.
BRADFORD AND MELKSHAM R.D.				
Atworth, etc.	9/7/47	24/3/48	£24,000 Exchequer cont. £4,500	Completed.
Beanacre	27/8/46	27/3/47	£2,956 Exchequer cont. £200.	Completed.
Turleigh (Coombe Down Water Bd.)	24/4/48	28/7/49	£535	Completed.
Farleigh Wick	9/7/49	22/11/50	£3,285	Work in progress.
CALNE AND CHIPPENHAM R.D.				
Eastern Area	7/7/50	—	£120,300	Awaiting Ministry approval.
Western Area	15/10/47	14/9/49	(D) £31,662	Work in progress 15% completed.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
CRICKLADE AND WOOTTON BASSETT RD. Outline Scheme	15/2/46	—	£86,651	Source developed at Ashton Keynes.
Ashton Keynes	21/12/46	28/8/46	£11,865	Both boreholes completed.
Bradenstoke	21/12/46	3/1/47	£3,950	Completed.
Chaddington	5/1/51	18/11/50	£3,550	Pipes on site.
DEVIZES R.D. Outline Scheme	15/10/47	—	£248,720	
Potterne Link	20/7/48	20/7/48	(D) £2,000	Completed.
Nursteed	12/2/48	9/11/48	(D) £2,130	Completed.
Relaying defective mains	27/7/48	16/12/48	£7,000	Completed.
Chirton Bore	21/6/46	22/1/49	(D) £1,871	Bore sunk and tested at 10,000 G.P.H.
Erlestoke	12/2/48	20/7/49	£2,680	Starting date 19/3/51.
Gt. Cheverell additional bore ...	17/10/50	9/1/51	(N) £6,350	
North Eastern Area—Main Scheme	25/10/49	—	£42,900	Awaiting Ministry approval.
Bishops Cannings	29/6/49	14/9/49	£6,350	Starting date 1/5/51.
HIGHWORTH R.D. Outline Schemes	3/5/46	—	£125,424	
South Marston	4/12/47	8/5/48	£4,005	Completed.
Bradbury (Chiseldon)	4/12/47	6/5/48	£3,750	Completed.
Hannington	6/4/51	5/3/47	£6,250	Completed.
Blunsdon and Crouch Lane ...	—	6/2/46	£2,421	Completed.
Little Hinton	8/4/49	18/2/49	£5,380	Completed.
Little Hinton Extension	14/4/50	23/9/50	£560	Completed.
Blunsdon Hyde Rd.-Kingsdown Lane area.	16/6/48	7/2/49	(D) £3,571	Work in progress.
MALMESBURY R.D. Outline Scheme	21/5/46	—	£128,000	
Development No. 1. Hill House to Lea; Dauntsey to Great Somerford.	15/10/47	11/2/48	(D) £8,100	Completed.
Development No. 2. Corston and Rodbourne (spring pumping plant and mains).	30/4/48	14/12/48	(D) £14,500	Work in progress.
Development No. 3. Somerfords	1/7/49	1/4/50	£21,400	Awaiting tenders.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
MALMESBURY R.D. (<i>cont'd.</i>)				
Development No. 3A. Rodbourne Tower	30/4/48	21/9/50	£16,770	Work in progress.
Development No. 4. Sherston and Pinkney	25/10/49	14/9/49	£4,400	Pipes on site. Starting date 2/4/51.
Development No. 6. Charlton and Garsdon	1/7/49	—	£66,680	Inquiry held 1/2/51. Awaiting Ministry approval.
Development No. . Luckington and Alderton	30/4/48	—	£1,344	No developments.
MARLBOROUGH AND RAMSBURY R.D.				
Avebury Scheme	11/5/46	28/5/48	£125,100 Exchequer cont. £32,000.	Work in progress—20% completed.
Ogbournes	6/2/47	26/3/47	£18,000 Exchequer cont. £5,700.	Work in progress—90% completed.
Bedwyn and Shalbourne	6/2/47	—	£78,700	No developments.
Bedwyn Extension—Stokke and The Warren.	30/4/48	26/1/49	£4,027 Exchequer cont. £1,000.	Completed.
MERE AND TISBURY R.D.				
Outline Schemes	21/5/46	—	£171,712	Source developed at Mere. Engineer preparing part stage schemes.
Mere Reservoir	12/2/48	6/8/48	(D) £7,871	Completed.
PEWSEY R.D.				
Outline Schemes	9/7/47	—	£240,228	
Wootton Rivers	9/7/47	13/10/48	£2,638 Exchequer cont. £1,250.	Completed.
Chute and Chute Forest	9/7/47	13/10/48	£14,865 Exchequer cont. £5,500.	Completed.
Collingbourne Ducis and Kingston	9/7/47	15/2/50	£30,500 Exchequer cont. £7,000.	Work in progress—60% completed.
Compton Borehole	5/1/51	14/9/50	£2,098	Borehole sunk and tested.
SALISBURY AND WILTON R.D.				
Outline Schemes	21/5/46	—	£293,920	
Ebbesbourne Wake	30/4/48	7/3/46	£1,200	Completed.
Fovant	30/4/48	16/9/49	£9,294	90% completed.
Wylve and Steeple Langford ...	9/7/47	19/7/49	£16,000	Work in progress—40% completed.
Whiteparish	Not yet submitted.	7/2/49	£2,750	

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
SALISBURY AND WILTON R.D. (<i>cont'd.</i>)				
Britford	20/7/48	26/9/50	£3,900 Exchequer cont. £350.	Ministry authorisation to invite tenders.
Downton	14/12/48	—	£12,700	No developments.
Quidhampton and Netherhampton ...	25/10/49	27/1/51	£5,300 Exchequer cont. £650.	Provisional starting date 1/7/52.
Farley and E. Grimstead	25/10/49	13/2/50	£11,750	Bore completed. Tenders invited for mains.
TROWBRIDGE WATER BOARD.				
Trunk Main—Corsham to Melksham	1/7/49	4/6/48	(N) £17,500	Completed.
Sandridge	3/2/50	23/1/51	£4,614	Provisional starting date June, 1952.
Semington	3/2/50	15/11/50	£2,995	Provisional starting date Dec., 1951.
Southwick	3/2/50	24/7/50	£2,232	Provisional starting date Jan., 1952.
Brokerswood Extension	10/11/50	22/1/51	£6,235	Provisional starting date July, 1952.
WARMINSTER AND WESTBURY R.D.				
N.E. Regional Scheme	2/11/45	23/4/49	£85,715 Exchequer cont. £11,000.	Completed except for additional reservoir at Bratton
Boyton and Fonthill		16/3/48	(D) £7,185	Completed.
Upton Lovell	25/10/49	24/11/49	£2,115	Completed.
Corton	25/10/49	17/11/48	£6,200	Completed.
Codford Mains	25/10/49	8/9/50	£5,015	Work in progress—60% com- pleted.
Codford Pumping Station	7/7/50	23/9/50	£11,325	Tenders invited.

(D)—Consideration of grant deferred until possible to consider scheme in conjunction with further schemes contemplated by District Council.

(N)—No Exchequer grant.

The cost and progress position of the individual approved schemes for the period ending 31st December, 1950, is given below:—

ESTIMATED COSTS.

<i>Authority.</i>	<i>Schemes approved by C.C.</i>	<i>Schemes completed.</i>	<i>Schemes in progress.</i>
	£	£	£
Amesbury R.D.	235,200	3,910	10,339
Bradford and Melksham R.D.	30,774	27,489	3,285
Calne and Chippenham R.D.	151,962	1,830	31,662
Cricklade and Wootton Bassett R.D.	86,651	15,815	—
Devizes R.D.	248,720	10,443	—
Highworth R.D.	125,424	21,366	3,571
Malmesbury R.D.	128,000	8,100	31,270
Marlborough R.D.	231,178	3,978	148,500
Mere and Tisbury R.D.	171,712	7,871	—
Pewsey R.D.	240,228	19,601	30,500
Salisbury and Wilton R.D.	61,967	1,200	37,044
Warminster and Westbury R.D.	117,555	101,215	5,015
Trowbridge and Melksham Water Board	33,576	17,500	—
	1,862,947	240,318	301,186

SEWERAGE.

Nine Sewerage Schemes were submitted for the County Council's attention during the year. No new works were commenced, partly for the reason that District Councils are so actively engaged at present with water schemes. Schemes have been completed in the Parishes of Colerne, Hilperton, Winsley and Potterne, while work is in progress in the Parishes of Ramsbury and Ludgershall.

The following table reviews the position since the passing of the 1944 Act up to 28th February, 1951.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
AMESBURY R.D. Outline Schemes	1/5/47	—	£253,000	
Amesbury Sewerage Extension	1/11/50	—	£28,200	
Amesbury By-Pass Sewer	7/7/50	26/9/49	(D) £3,413	Pipes on site.
Bulford and Durrington	1/5/47	18/11/50	£50,100	Starting date 31/3/51. Pipes ordered.
Shrewton	20/7/48	—	£53,000	Awaiting Ministry approval.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
BRADFORD AND MELKSHAM R.D. Hilpertion	11/5/46	3/4/47	£19,000 Exchequer cont. £6,000.	Completed.
Winsley	11/5/46	9/7/47	£23,035 Exchequer cont. £5,500.	Completed.
CALNE AND CHIPPENHAM R.D. Outline Schemes	15/10/47	—	£257,000	Engineer preparing detailed schemes.
Colerne	9/7/47	10/12/47	(D) £11,100	Completed.
Castle Combe and Yatton Keynell	20/7/50	—	£27,000	Awaiting local Inquiry.
Biddestone	20/7/50	—	£11,400	Awaiting local Inquiry.
Lower Stanton St. Quintin	9/7/50	—	£3,015	Negotiating with Air Ministry regarding purchase of Disposal Works.
CRICKLADE AND WOOTTON BASSETT R.D. Outline Schemes	21/5/46	—	£195,000	
Cricklade and Latton	11/1/49	—	£43,250	Inquiry held.
Marston Meysey	20/7/48	—	£9,650	Inquiry held.
DEVIZES R.D. Outline Schemes	4/10/46	—	£263,840	
Potterne	15/10/46	5/5/49	(D) £8,893	Completed.
West Lavington (Rutts Lane sewer) ...	7/10/50	9/1/51	£800	
Erlestoke	9/10/50	9/1/51	£2,800	Starting date 15/4/51.
HIGHWORTH R.D. Outline Schemes	27/8/46	—	£271,000	
Chiseldon	25/1/50	—	£18,360	Awaiting Ministry approval.
Highworth	12/2/48	—	£53,000	Awaiting Ministry approval.
MALMESBURY R.D. Outline Schemes	30/4/48	30/6/48	£207,200	Engineer preparing detailed schemes.
Sherston	20/7/50	—	£4,250	
MARLBOROUGH AND RAMSBURY R.D. Ramsbury	21/3/45	9/8/48	£61,842 Exchequer cont. £18,500.	Ramsbury 95% completed.
Aldbourn	21/3/45	6/3/50	£69,000	Starting date for Aldbourn 1/4/51.
PEWSEY R.D. Ludgershall	24/3/47	9/11/48	£42,290 Exchequer cont. £11,000.	90% completed.
MERE AND TISBURY R.D. Hindon	14/2/49	—	£13,323	Inquiry held 7/1/51.
Tisbury	16/6/48	—	£38,226	Inquiry held 6/2/51.
SALISBURY AND WILTON R.D. Downton and Redlynch	21/6/46	—	£108,000	No developments.
WARMINSTER AND WESTBURY R.D. ...	2/11/45	—	£104,000	No developments.

(D)—Consideration of grant deferred until possible to consider scheme in conjunction with further schemes contemplated by District Council.

The machinery for dealing with Water and Sewerage Schemes under the 1944 Act is briefly as follows:—

Schemes are referred to my Department by the Clerk of the Council. They are then cleared through the various other departments of the County Council for their observations.

Major schemes are dealt with by the County Consulting Engineer, and minor schemes by the County Sanitary Inspector, before they are finally considered by the Water Supplies and Sewerage Committee.

The County Sanitary Inspector is responsible to me for checking the actual work being carried out on schemes with that proposed in the outline schemes, and reporting any variations. He also prepares all progress reports and plans and keeps the records up to date, attends all Ministry Inquiries, and is responsible for answering the numerous enquiries made. The County Sanitary Inspector also watches work in progress in the field, and takes any samples of water and sewerage if required by me in the interests of Public Health.

MILK SUPPLY

Number of Milk Producers in Wiltshire	...	3,410
Number of T.T. Milk Producers	... ..	1,175
Number of Accredited Milk Producers	... ..	473

The supervision of milk production is now the responsibility of the Ministry of Agriculture, while the supervision of its distribution, and responsibility to the public for its safety, falls to County District Councils and the County Council. The responsibility of the County Council is in respect to the Licensing of Pasteurising and Sterilizing plants, and the safeguarding of distributed supplies which might be likely to convey certain diseases such as tuberculosis.

The Acts and Regulations now in force relating to the production, processing and sale of milk are as follows:—

The Food & Drugs Acts, 1938 to 1950.

The Milk & Dairies Regulations 1949.

The Milk (Special Designation) (Raw Milk) Regulations 1949.

The Milk (Special Designation) (Pasteurised & Sterilized) Regulations 1949.

At present four grades of milk are permitted, namely T.T. milk, Accredited milk, Pasteurised milk, and Non-designated milk. After 30th September, 1954, the designation " Accredited " will be excluded, and ultimately the Minister will " specify " areas confining retail sales to either T.T. or Pasteurised milk. Priority of the selection of specified areas will depend on the number of Pasteurising plants in the area and their facilities for bottling. A start has already been made in some areas outside Wiltshire in zoning specified areas.

TUBERCULOUS MILK.

One case of tuberculous milk was reported by an authority outside the County during the year, and appropriate action taken by this Department.

460 Samples were submitted for biological examination during the year, of which 7 were positive, and appropriate action taken.

In one case a sample of T.T. milk taken by the County Sanitary Inspector at a school was infected, and the supply was immediately stopped and replaced with a Pasteurised supply. Subsequent veterinary inspection of the producer-retailer's T.T. herd revealed a reactor giving tuberculous milk.

In another case the County Chest Physician reported to me an abnormal number of cases of tuberculous adenitis in one district, and an investigation of the milk supply in that district was made by the County Sanitary Inspector. The milk supply (non-designated) of one of the dairymen supplying the patients was found to be infected and again veterinary inspection revealed a cow giving tuberculous milk. Unfortunately in such cases there is the unavoidable lapse of 5 weeks between the date of sampling and the laboratory report on the infected milk before the supply can be stopped.

PASTEURISED MILK.

There are 10 Pasteurising plants in the County licensed by the County Council, and supervised by the County Sanitary Inspector. Each plant is visited fortnightly and samples taken to ensure that the milk is efficiently heat treated and cooled to the required standard, which ensures the destruction of any pathological organisms which may be present in the raw milk. Two legal methods of pasteurising are permitted under the Regulations.

1. High-Temperature Short-Time method, practised by the large creameries, which consists of heating the milk to not less than 161deg. F. for 15 seconds, and immediately cooling to 50deg.F. or below; and
2. The Holder method, practised by the smaller dairymen. Holder Pasteurising consists of heating the milk to between 145deg. F. to 150deg. F. for 30 minutes and cooling to 50deg.F. or under.

Automatic recording thermometers must be provided for both methods, and the temperature charts must be dated and preserved for not less than a month.

The 10 licensed plants in the County pasteurise a daily gallonage of 23,100.

During the year 183 samples were taken, of which 173, or 94.5 % were satisfactory.

HOUSING

The statutory obligations of the County Council in connection with housing is laid by Section 88, Housing Act 1936, as follows:—

1. It shall be the duty of every County Council as respects each rural district to have constant regard to housing conditions within the district, the extent of overcrowding or other unsatisfactory conditions, and the sufficiency of the steps which the Council of the districts have taken or propose to take to remedy those conditions and to provide further housing accommodation.
2. Every Rural District Council shall at such intervals not being less than annually, furnish the County Council with such information with regard to the foregoing (1) as the County Council may require for the purpose of carrying out their duties thereunder.

Lack of sufficient housing accommodation continues to give local authorities much concern. They are restricted in the building of new houses, and there is a limited financial ceiling for the repair of existing houses. Even condemned houses are still occupied and every year more houses are falling into disrepair and reaching the unfit stage. The position is further aggravated by low rents and high repair costs which retard reconditioning.

The response in applications for "Improvement Grants" under Part ii of the Housing Act 1949 has so far been disappointing. During the year 28 applications for financial assistances were made in the County Urban and Rural Districts, and of these only two were approved. Essential repairs only do not qualify for grant, and financial assistance is given only for works of improvement, such as the addition of a living room, bedroom or bathroom, or the provision of main drainage or similar amenity. Grants made are equal to half the cost of the works, with a limit of £300 for one dwelling. The cost of the work must be not less than £100 or more than £600, and a condition of grant is that the improved premises must provide satisfactory housing accommodation for at least 30 years. Rent chargeable must be that paid prior to reconditioning, plus 6 % on the cost borne by the owner.

RURAL HOUSING SURVEY.

Progress made in the survey during the year is set out below, from which it will be noted that about 50% of the houses have been inspected and classified into fitness categories:—

RURAL DISTRICTS.	Total Houses to be surveyed	Total Houses surveyed up to 31/12/50	CLASSIFICATION.					Total Classified.
			1	2	3	4	5	
Amesbury	1,696	1,646	713	493	227	110	103	1,646
Bradford and Melksham	2,000	722	81	150	123	140	228	722
Calne and Chippenham	5,395	3,404	221	858	1,774	146	405	3,404
Cricklade and Wootton Bassett	3,160	2,017	341	462	790	204	220	2,017
Devizes	2,538	2,538	55	518	842	860	263	2,538
Highworth	5,494	1,898	810	287	369	123	309	1,898
Malmesbury	1,500	1,453	302	289	459	233	170	1,453
Marlborough and Ramsbury	3,100	306	32	139	113	—	22	306
Mere and Tisbury	2,731	1,847	185	706	554	297	105	1,847
Pewsey	1,800	1,101	326	268	47	232	228	1,101
Salisbury and Wilton	3,109	2,394	143	327	1,596	23	305	2,394
Warminster and Westbury	3,200	669*	146	181	232	35	59	653
TOTALS	35,723	19,995	3,355	4,678	7,126	2,403	2,417	19,979

*This figure includes 16 Temporary Dwellings.

Category.	Classification.	Normal Action required.
1	Satisfactory in all respects	No action.
2	Minor defects	Informal action or Public Health Acts.
3	Require repair or alteration	Sec. 9 or 11, Housing Act, 1936.
4	Appropriate for re-condition, Housing Act, 1949	Sec. 9 or 11, Housing Act, 1936.
5	Unfit and not repairable at reasonable expense	Sec. 11 (Housing Act, 1936). Sec. 25 (Housing Act, 1936).

REPORT OF THE AREA MEDICAL OFFICER FOR THE YEAR ENDED 1950

I have pleasure in submitting the Report of the Area Medical Officer of Swindon for the year 1950. It will be appreciated that Dr. Thomas Ross, my predecessor, left Swindon on 15.5.50 to take up his new appointment as M.O.H. of Walsall and that I succeeded him on October 1st, 1950. Much of this report therefore concerns matters which occurred before I took over in Swindon and in consequence I cannot report as fully as I hope to do in future.

MEDICAL STAFF.

During the year the following staff changes took place:—

Dr. T. Ross resigned 15.5.50.

Dr. J. Urquhart appointed 1.10.50.

Dr. A. H. Griffith—Assistant M.O.H. appointed temporary Deputy and Assistant School Medical Officer 15.5.50.

Dr. S. B. S. Smith—Assistant M.O.H. appointed 28.2.50.

Dr. G. Moffett—Part-time Assistant M.O.H. resigned 28.2.50.

Dr. A. Wyatt—Part-time Assistant M.O.H. resigned 28.2.50.

SWINDON HEALTH CENTRE.

A comprehensive report on the Swindon Health Centre is being included elsewhere in the report of the County Medical Officer of Health and the information on the Centre usually submitted by the Area Medical Officer is contained therein.

ANTE-NATAL AND POST-NATAL CLINICS.

Clinics at which a Doctor is in attendance are held weekly as follows:—

37 Milton Road	...	...	Tuesdays	}	1.30 to 4 p.m.
			Thursdays		
Beech Avenue	...	...	Mondays	}	1.30 to 4 p.m.
			Fridays		

	1950	1949
Number of women who attended these Clinics during the period	924	455
Number of attendances made during the period	4,199	5,735

The arrangements whereby, in conjunction with the Regional Hospital Board, Consultant Obstetrician and Gynaecological clinics are held in County Council premises, continues to work satisfactorily. The services of the medical staff at the Swindon Maternity Hospital have continued to be used and two general practitioner obstetricians are also employed on a sessional basis in ante-natal clinics.

It will be noted from the statistics given above that the number of women attending the clinic has almost doubled, although the total number of attendances made is somewhat less.

INFANT WELFARE CLINICS.

Centre.	Day and Time.	Number of Consultations with Doctor.	Number of Attendances.
61, Eastcott Hill	Monday } *Wednesday } 2 to 5 p.m. ... *Friday }	1,732 (1,734)	5,729 (5,999)
Beech Avenue, Pinehurst	*Tuesday 2 to 4 p.m. ...	768 (477)	2,794 (2,575)
Gorse Hill	**Wednesday 2 to 4 p.m. ...	261 (213)	1,854 (2,095)
Rodbourne	*Thursday 2 to 4 p.m. ...	447 (205)	1,501 (1,546)
Moredon	*Monday 2 to 4 p.m. ...	29 (97)	1,176 (1,310)

*Doctor in attendance.

**Doctor in attendance alternate weeks.

Figures for 1949 appear in brackets.

As will be seen from the above statistics there was during the year an increase in the total number of consultations at the Child Welfare Clinics. The clinic at Rodbourne Cheney was transferred on 30th October, 1950, to the Community Centre at Moredon, and the clinic day changed from Friday to Monday to enable a doctor to be in attendance.

The paediatrician appointed by the Regional Hospital Board continued to hold weekly consultation clinics at Eastcott Hill. The number of attendances made at these clinics in respect of 33 pre-school children was 97.

CARE OF PREMATURE INFANTS.

Number of premature babies born:—

- (i) At home 17
- (ii) In Hospital or Nursing Home 7

Number who died during first 24 hours:—

- (i) Born at home 1
- (ii) Born in Hospital or Nursing Home —

Number who survived at end of one month:—

- (i) Born at home 16
- (ii) Born in Hospital or Nursing Home 7

There is close co-operation between the Swindon & District Maternity Hospital and the Local Authority in the care of premature infants. The Maternity Hospital continues to advise the Local Authority about all infants due for discharge who require special follow-up by health visitors, and the hospital authorities have always been ready to admit any premature child born at home who requires special hospital treatment.

DENTAL CARE.

CLASS.	Number Inspected.	Number requiring Treatment.	Number treated.	Number made Dentally fit.	Number of Teeth Extracted (Local Anaesthetic).	Number of Teeth Extracted (General Anaesthetic).	Number of General Anaesthetics.	Fillings.	*Other Operations.	Dentures.	Repairs.	Attendances.
Expectant Mothers	52	44	31	31	47	15	7	35	26	3	—	165
Nursing Mothers	17	12	11	11	21	25	6	12	17	—	—	66
Totals	69	56	42	42	68	40	13	47	43	3	—	231
Pre-School Children	226	138	133	133	5	159	107	7	348	2	—	565
TOTALS	295	194	175	175	73	199	120	54	391	5	—	796

The staff of Dental Officers has been maintained at two, supported by two attendants.

*“ Other Operations ” : These figures include Silver Nitrate, Zinc Oxide, and Carbolic Resin Dressings.

SUPPLY OF WELFARE FOODS.

During the year there was considerable fall in the amount of infant foods sold at the clinics. In all, 4,189 16oz. packets were sold for which £503 11s. 10d. was received. It is found that more and more mothers are feeding their children on National Dried Milk which is considerably cheaper than the proprietary foods and this accounts for the decreased sales of such foods at the clinics.

PROVISION OF MATERNITY OUTFITS.

Three-hundred-and-thirty Maternity Outfits were issued from this office during the year.

DAY NURSERIES.

	Number.	No. of Approved Places.		No. of Children on the Register at the end of the year.		Average daily Attendance.	
		0—2	2—5	0—2	2—5	0—2	2—5
Nurseries maintained by the Council	2	30	60	4	70	8	51

No staffing difficulties have been encountered during the year. There was during the year an increasing demand for places at the Day Nurseries and a constantly growing waiting list of applicants. This has necessitated a close scrutiny of reasons for mothers seeking admission of their children to the nurseries and the acceptance of only the most necessitous cases when vacancies did arise. (Waiting list at 31.12.50, 113.)

FAMILY PLANNING ASSOCIATION.

The Family Planning Association continued to hold clinics at Eastcott Hill Clinic weekly.

TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS.

Eighty-seven children were referred to the Orthopaedic Clinic and made 94 attendances at the Surgeon's session and 228 attendances at Sister's clinic.

Forty-one children were seen by the Ophthalmologist involving 96 attendances.

MIDWIFERY SERVICE.

The following is an analysis of the midwifery carried out in the area during the year:—

Category.	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.
(1) Midwives employed by the Authority	380	55	—	—	380	55
(2) Midwives employed by the Hospital Management Committee	—	—	644	—	644	—
(3) Midwives in Private Practice	4	3	—	146	4	149
TOTALS	384	58	644	146	1028	204

ADMINISTRATION OF GAS AND AIR ANALGESIA.

At the end of the year there were seven Midwives and all were qualified to administer gas and air analgesia. Analgesia was administered in 358 cases where the midwife acted as such and in 58 cases where the midwife acted as maternity nurse, making a total of 416 administrations in 442 cases.

MIDWIVES ACT, 1918.

Medical Aid was summoned in 30 domiciliary cases during the year.

HEALTH VISITING.

Number of visits paid by Health Visitors:—

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.	Other Classes.
First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.
49	60	1031	5211	6631	1649

Number of live births notified during the year 1,374

Number of stillbirths during the year 38

Included in "Other Classes" in this Table are 481 visits to cases of infectious diseases, and 529 visits to cases of tuberculosis.

The Health Visiting staff has remained as before, namely one Senior Health Visitor and seven Health Visitors.

As will be seen from the above statistics, the number of home visits paid by the Health Visitors has been well maintained in spite of the wide variety of other duties and clinic attendances that fall on their willing shoulders.

HOME NURSING.

Four fully trained nurses are employed on District Nursing duties. They work in close co-operation with the general practitioners and hospital authorities, and continue to provide an adequate service. During the year the demand for their services increased considerably especially in respect of aged people. In all, they paid 20,042 visits in respect of 1,165 cases, an increase of over 5,000 visits as compared with 1949.

VACCINATION AND IMMUNISATION.

It has not been found necessary so far to institute vaccination clinics on a sessional basis, and any applicants have been referred to their family doctors with the results indicated in the table provided:—

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total
Primary Vaccination	36	17	9	17	79
Re-vaccination	—	1	2	35	38
TOTALS	36	18	11	52	117

DIPHTHERIA IMMUNISATION.

Number of Clinics held	...	...	...	...	...	52
Total number of attendances	...	...	...	...	...	873
Number of children who have completed course	...	...	...	...	...	307
Number of children immunised by general practitioners	...	...	...	...	...	83
Total number immunised	...	...	...	...	...	390
Reinforcing injections	...	...	...	...	...	83

Weekly clinics are held regularly at 61, Eastcott Hill, and at Pinehurst Sub-Clinic a session is held on alternate weeks.

It is noted that the number of children immunised during the year is less than in 1949. This is largely due to the fact that owing to the incidence of poliomyelitis during the months of July

to October immunisation clinics were discontinued. To counteract this, the campaign for immunisation during the winter and spring months is being intensified and it is hoped that the results of our efforts will be reflected in next year's statistics.

PROVISION OF NURSING EQUIPMENT AND APPARATUS.

As from 1st April, 1950, the Medical Loan Depot was wholly transferred to the Swindon Health Centre and administered by the Clerk-in-Charge. There is a steady demand for all types of equipment and particularly for the 25 invalid chairs, all of which are in constant use during the summer months.

DOMESTIC HELP.

Number of full-time domestic helps on books at the end of the year	...	...	16
Number of part-time domestic helps on books at the end of the year	...	...	4
Number of householders helped during the year:—			
(a) Maternity cases	...	...	66
(b) Other cases	...	...	106
		Total	...
Number of hours of assistance provided during the year:—			...
(a) Maternity cases	...	5,509	
(b) Other cases	...	25,925	
		Total	...
Number of domestic help hours available	...	...	33,011
Number of cases in which full fee was not charged	...	...	147

The demands on the domestic help service continued to increase during the year and in all, four additional whole-time, and one part-time, home helps were added to the staff. Recruitment to the service did not prove difficult and it is felt that if financial provisions were available the staff could be obtained.

With the increasing demand for this service the administration of it becomes more complicated. We try to help as many applicants as possible and home visits have to be paid to assess the needs of each household and to allocate the Domestic Helps accordingly. In this respect the services of our Social Worker, Miss Orr, proved invaluable and eased the burden of social visits that would otherwise fall on the health visitors.

I would add that this Service is one that is really appreciated by the public as evidenced by the lavish expressions of thanks from almost every household where help has been given.

MATERNITY BEDS.

All women who apply for admission for confinement to the Maternity Hospital, and who are not immediately booked on clinical grounds, are referred to this department for a home report. These investigations are made by the Social Worker and during the year 193 such cases were dealt with.

NOTIFICATION AND TREATMENT OF OPTHALMIA NEONATORUM AND PUERPERAL PYREXIA.

There were no cases of ophthalmia neonatorum notified during the year.

Thirteen cases of puerperal pyrexia were notified, all being in institutional confinements. No notifications were received in respect of domiciliary confinements, which reflects well on the ante-natal care as all cases where complications are anticipated are admitted to hospital.

JAMES URQUHART,
Area Medical Officer.

